DEPT.-65

JOB-31

REEL-14

CITY OF BALTIMORE

HEALTH DEPT.:

BUREAU OF VITAL STATISTIC

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

Room 408, City Hall, Baltimore, 2, Md.

1. TITLE: Certificate of Death

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Tucker, M.D. — Title: Commissioner of Health

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept.	b. In Storage Center	c. Total	A. To be sold as scrap or waste paper	B. To be burned or shredded	C. Microfilm to be transferred to Dept. of Legislative Reference
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls & 1 positive for hospital

C. J. Bowen — Records Management Officer — 1/30/62

APPROVALS OF RECORDS DISPOSAL COMMITTEE

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY TREASURER

3. APPROVED: CITY SOLICITOR

3. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

4. APPROVED: DIRECTOR OF THE ENOCH PRATT FREE LIBRARY

5. APPROVED: DIRECTOR, DEPT. OF EDUCATIONAL RESEARCH

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Board of Health, City of Baltimore,

Permit No. 6701 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Clarence Hillman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... 4 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2 Carlton St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) — —

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, Jan 25th 1883

Undertaker, E. W. Chase

Place of Business, 1808 Hanover St

Geo. H. Caplin M. D.

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Harper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 133 Harlem ave

Cause of Death, First (Primary,) Paraplegia.

Second (Immediate,) Asthenia.

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery *P. Daughert* *M. D.*

Date of Burial, Jany 26, 1883 *Medical Attendant*

Undertaker, C H Blizzard *Address* 15 Fairmont ave

Place of Business, Penn Ave 30

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 68703 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 130 Chestnut

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cem

Date of Burial, January 25. 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bury

E. J. Lilienau M. D.
Medical Attendant.

Address, 98 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Special Attention of Physicians is respectfully invited to this [illegible]

Board of Health, City of Baltimore.

Permit No. 63704 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1883

CERTIFICATE OF DEATH.

Date of Death, January 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hullum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 1 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 119 Wash'n

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26/1883

Undertaker Daniel Flynn

Place of Business, 109 West St

Thomas Cottle M.D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Form.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Sophia Brown

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 1 Years, 8 Months,

Color, Black

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 295 Park ave.

Cause of Death { First, (Primary.) Rickets-Pneumonia
Second, (Immediate.) Apnoea

Duration of last Sickness, Pneumonia 1 week

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Jan 25 93

{ Undertaker, Robt Hendry
{ Place of Business, 116 Orchard st

C. O'Barbe Brune M.D.
Medical Attendant

Address, 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude E. Calvert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country; (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 74 Cross St.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Maryland Weslyan Cem

Date of Burial, Jan 25th 1883 A. G. Wall, M.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Maryland Cross, 8th Address, 203 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, as to Facts of Importance to the Health of the Community.

Board of Health, City of Baltimore,

Permit No. 63767 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 25 1883 BALTIMORE

Date of Death, Jan 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Blumenthal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 262 Canton Avenue.

Cause of Death, First, (Primary,) (This part had no physician and came to me after interment after death. H. R. H.) Variola

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem

Date of Burial, Jany 26. 83

Undertaker J. Landenslad

Place of Business, 202 Canton Ave.

John A Kehlenger M. D.
Medical Attendant.

Address, 1133 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when his case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

6 Board of Health, City of Baltimore,

Permit No. 63708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *seventy-four hours* after the death of said deceased.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Brother

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 Years, 1 Months, 1 Day

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 121 N. Broadway

Cause of Death. {First, (Primary.) & Second, (Immediate.) Small pox

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 25th 1883

{Undertaker, J. B. Cook
Place of Business, 707 W. Balto. St

Robert Antrim M. D.
Medical Attendant.
Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, and color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63709 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1883

CERTIFICATE OF DEATH.

Date of Death, January 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Veach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Two — Months, Twenty Three Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 719 20 Dallas St

Cause of Death, First, (Primary,) Bronchus Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Bares

Date of Burial, Jan 26

Undertaker, A Fink

Place of Business, —

D. A. Storer M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ocr'd.]

Special Attention of Physicians is Respectfully Invited to the Accompanying Rules, and to Penalties Therein Named.

Board of Health, City of Baltimore,

Permit No. 6576 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Melville

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 17 N. Bethel

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Meningitis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 25th 83

Undertaker [illegible]

Place of Business [illegible] *Address;* 582 W. Baltimore

N R Smith M.D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

Board of Health, City of Baltimore,

Permit No. 63711 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GIVEN WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 day of January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Savanna Oberhausser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* 1 *Months,* 3 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Georgen Germany

Duration of Residence in the City of Baltimore, about 40 yrs.

Place of Death, {Give street and number.} Corner Bruce & Carlton Sts 142.

Cause of death, First, (Primary,)

Second, (Immediate,) old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 25th 1883

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,*

Fred. Hoffa M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6372 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPT. JAN 25 2 1883 BALTIMORE

Date of Death, January 24, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cook,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23-25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook (Col)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 to 6 years

Place of Death, {Give street and Number.} 333 Lexington St

Cause of Death, First, (Primary,) Uterine Hemorrhage

Second, (Immediate,) Heart clot

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Jan 26- 1883

Undertaker, Adam Zindemeyer

Place of Business, 518½ W. Balto. St.

A. J. A. Krug M. D.
(Medical Attendant)

Address, 55 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6373 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H Collins

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days*

Color, Negro

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arun Co, Maryland 3 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 1 Parrish alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Edema Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 25 1883

Undertaker William H Dugee

Place of Business, 62 East St

O Edw Janney M D
Medical Attendant.

Address, 242 St Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63714 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry [illegible] Englehart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer Originally

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 49 E. Eager St.

Cause of Death, First, (Primary,) Cadaverhal Pneumonia of left lung.

Second, (Immediate,) Exhausting from the pain and that incident to extreme old age

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 26 Jan 2 Oclock Wilmer Jamison M. D.

Medical Attendant.

Undertaker, Jno E Carman

Place of Business, 38 Eutaw St Address, 26 1/2 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6716 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1889

CERTIFICATE OF DEATH.

Date of Death, January 24th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irwin and Fletcher Fowler

Sex, Male or Female, { Cross out the word not required in this line. } ——

Age, Jew (10) *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 185 N. Eden Street

Cause of Death, First, (Primary,) Lockjaw

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, January 25 1889

Undertaker, Henry Heath

Place of Business, 711 Central Ave

E. Wolstrom M. D.
Medical Attendant.

Address, 1 E Eager Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Mc Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Greens Court

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 28th

Undertaker, B. Myers

Place of Business, 42 West St. *Address,* 933 Light St

Robert S. Rowe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or if the deceased was not attended by a Physician, when the case comes under his notice, or the Undertaker or other persons superintending the burial, a Certificate to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6317 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

CERTIFICATE OF DEATH.

JAN 25 1883

Date of Death, Jan. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Bradley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Chew St.

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan. 26 1883

Undertaker, Wm J. Ficken

Place of Business, 65 S. Eutaw *Address,*

Wm. Hooker Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 63718 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 25 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Leary

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* two *Months,* ____ *Days.*

Color, ____

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 222 Conway St

Cause of Death, First, (Primary,) D

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial [redacted]

Date of Burial, Jan 26 1883

Undertaker, Wm J. Feckner

Place of Business, 65 S. Eutaw

J. Tyler Smith M. D., Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

X/o Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nannie Stidham

Sex, Male or Female, {cross out the word not required in this line.} white female

Age, Years, 13 Months,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S M X W

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 704 E Eutaw St

Cause of Death {First, (Primary.)} Tubercular Meningitis

{Second, (immediate.)} Convulsions

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Wm. Oliver

Date of Burial, Jan 27th 1883

Undertaker, Wm. Deaver

Place of Business, 302 N. Eutaw

A. Friedlander M.

Med'l Attendant

Address, 8 E Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

THE CO-OPERATION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

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Permit No. 6512 0

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1883 — 24 =

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} John F. Waidner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore his whole life

Place of Death, {Give street and number.} 169 N. Biddle St

Cause of Death, {First (Primary,) Spinal disease

{Second (Immediate,) Consumption

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, January 26th 1883 J. D. Gluth M. D.

Medical Attendant

Undertaker, J. E. Bloomingdale

Place of Business, *Address* 167 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause [illegible] in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6372 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended the deceased during his last sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 25 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hurley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 Lancaster Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 4 years — Last to Physician for past 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 22nd 1883

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna St

Geo. H. Denson M. D.
Medical Attendant.

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63722 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased person, if required so to do, under penalty of law.

1883

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1883

Full Name of Deceased, {Write last name and small correctly. If an Infant not named, give names of parents.} Elizabetta Meyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 2 *Months,* ——— *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} No 5 Saratoga st

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) ———

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Sweet Briar Cemetery

Date of Burial, Jan 27th 1883

Undertaker, East Baltimore

Place of Business, 200 Sharp

Jno Glover M. D.
Medical Attendant.

Address, 34 High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

JAN 27

Permit No. 69723 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, as required by law to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Geary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Marria., Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 275 N Amt

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bare C

Date of Burial, Jan 25

Undertaker, J W Jackson

Place of Business, ...

Geo H Dixon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *forty-four hours* after the decease of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 62 Mc Elderry Pl.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R. Kemp

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 11 Years, 6 Months, 12 Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Schoolboy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 Mc Elderry Pl

Cause of Death, {First, (Primary.) Diphtheria

{Second, (Immediate.) Exhaustion

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt Matthew Cemetery

Date of Burial, June 26th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

A. E. Stein, M. D.
Medical Attendant.

Address, 495 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics for the City of Baltimore.

SECTION 2. And be it further enacted and ordained, that every person who shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SCHLATTER & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63725 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Gascaway

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 103 Dover St

Cause of Death, First; (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Ground

Date of Burial, Jany 25/98

Undertaker, G. H. Kirchner

Place of Business,

Geo. H. Dinsel M. D.

~~Medical Attendant~~

Address, Mayor's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 9. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63726 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, January 5th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Schultz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Fire *Years,* Fire *Months,* Died *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Maundhe st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Sepsis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 7th Jany

Undertaker, H Rohde

Place of Business, 48 Penna ave

D E L H Barclay M.D.,
Medical Attendant.

Address 47 Conway St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63727 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or account, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1863

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby McGee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dieing Life

Place of Death, {Give street and Number.} 83 Hennetta St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 9 days —

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park Cem

Date of Burial, Jan 26

Undertaker, Henry Brick

Place of Business, Hennetta St 81

O. A. Cooke M. D.
Medical Attendant.

Address, 573 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Kurtzle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 Years, 9 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 243 S. Charles St.

Cause of Death, First, (Primary.) Acute Membranous Laryngitis (True Croup)

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem't

Date of Burial, January 27

Undertaker, F. Keeler

Place of Business, 42 West St Address, 227 Hanover St

Medical Attendant, W. C. Sandrock M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BRILEY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63729 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Daley.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and Number.} 646 N. Baltimore St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonitis.

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Jan 26 1883

Undertaker, C. F. Krauss

Place of Business,

R. J. D. Tate, M.D. Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65730 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 25 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Brittingham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 119 Hanover St.

Cause of death, First, (Primary,)

Second, (Immediate,) Erysipelas

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jany 29th 1883

Undertaker, John F Steele

Place of Business, 150 Hanover

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65731 *Office of Registrar of Vital Statistics.* Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Jan. 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Stiller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* 9 *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} N. E. Cor. Gough & Caroline sts.

Cause of Death,
First, (Primary,) Confluent Variola
Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem

Date of Burial, Jan 26th 83

Undertaker, C. Thanz

Place of Business, Banks & Wolf *Address,* 3 N. Bond

Dawson
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65732 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lüdeke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months* 4 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Over 8 yrs

Place of Death, {Give street and Number.} 6 Eutaw Pl

Cause of Death, First, (Primary,) Scarlet

Second, (Immediate,) manifestation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lo Allegheny

Date of Burial, Jan 27th 83 J. H. Martin M. D.

Undertaker, A. Frame Medical Attendant.

Place of Business, Pont & Wolfe *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 63733 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Jan 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Wheeler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Home of Friendless - Druid Hill Ave.

Cause of Death, First, (Primary,) Marasmus -

Second, (Immediate). Unknown - Very sudden & unexpected

Duration of Last Sickness, Sick for past year + -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 26th 1883

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

Claudius Van Bibber M. D.,
Medical Attendant,,
Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 63734 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER

CERTIFICATE OF DEATH.

JAN 26 1883

Date of Death, January 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Catherine Schenkel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 39 S. Eastern Ave.

Cause of Death, First, (Primary,) Variola —

Second, (Immediate,) Small Pox

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, County Cemetery

Date of Burial, January 26th 1883

Undertaker, Wm. Lybrand

Place of Business, 640 Eastern Ave

G. A. Dobbin M. D.
Medical Attendant.

Address, 16 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Should not have to report this case as I was called last night & child was dead

Board of Health, City of Baltimore,

Permit No. 65735 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within thirty hours after the death of said deceased, or sooner if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 26 1880

Date of Death, Jany 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Schaaru

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 14 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Street and Number} 219 Canton Ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Smallpox.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 26th

Undertaker, M. Murphy

Place of Business, 151 E Bond

George A. Rohé, M. D.
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE ABOVE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 Years, 3 Months, Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 Goods Court

Cause of Death, {First, (Primary.) / Second, (Immediate.)} Convulsions

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 26

{Undertaker, B. Hecht

{Place of Business, 42 West St

Robert S. Rowe M.D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or any Physician when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore.

Permit No. 63737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 28 1883

CERTIFICATE OF DEATH

Date of Death, Jan 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Day

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 1 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and No.} 11 Valley St

Cause of Death, First, (Primary.) Cancer of the Liver & Stomach

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 28th 1883

Undertaker, John Tabb

Place of Business, 166 Bank St

Saml J Polk M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 63738 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH

JAN 28 1883

Date of Death, Jan. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotfried Fred Lentz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 177 S. Ann St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 26th 1883.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anna

John H. Kellogan M. D.
Medical Attendant.

Address, 242 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63739 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1883 BAL

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 24 S Durham St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial. Jan 27th 1883.

Undertaker Woodcock

Place of Business, 258 Aisquith

John H Kelbenger M. D.
Medical Attendant.

Address, 1131 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63740 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 27 1889

Date of Death, January 26th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Jay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 317 Riccamma st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jany 26/89

Undertaker, J. F. Sandt & Son

Place of Business,

Chas. H. Duncan M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 63711 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, and [illegible] out, to the Undertaker or other person superintending the Burial, within forty-eight hours after the death of said deceased if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 27 1883

Date of Death, January 25 1883

Full Name of Deceased, {Write plainly and spell correctly. If an Infant not named, give names of parents.} Susan Eyerbuck

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Iron worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 55 Aliceanna

Cause of Death, First, (Primary,) Inflammation of bowels

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 27th 1883

Undertaker, Hy. F. Means

Place of Business, 145 N. Gay St.

J. Smith M. D.
Medical Attendant.

Address, 24 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63742 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in *h*is last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be issued by the Registrar of Vital Statistics

CERTIFICATE OF DEATH.

JAN 27 1883

Date of Death, January 25th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Paul Earl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Four *Months,* Twenty five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} S. W. Cor. Biddle & Wolfe Sts

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, Jan. 28. 1883

Undertaker, W. Saunders & Son

Place of Business, 252 Eastern Ave.

Wm. H. Cleudinen, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6374 Office of Registrar of Vital Statistics Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 149 S. Bond St.

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,) .....

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Church Yard

Date of Burial, Jany. 26 th 1883

Undertaker, H. Sanders & Son.

Place of Business, 252 Central Ave. *Address* 244 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63744 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 24 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Royal

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, Black

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 19 Hunter St.

Cause of Death, First, (Primary,) Donall Pot

Second, (Immediate,) " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jany 26 83

Undertaker, Wm Perkins Jr & Bro

Place of Business, 130 Hendrett Ave *Address,*

C. D. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63744 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the preparation of [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 26, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Dietlemeyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 199 S. Durham St.

Cause of Death, First (Primary), [illegible]

Second (Immediate) Small Pox. — Pneumonia. —

Duration of Last Sickness, Fourteen days.

the above information should be furnished by the Physician

Place of Burial, St. Athanasius Cem

Date of Burial, Jan 26th 83

Undertaker G. France

Place of Business, Bantz & Wolfe

A. V. Gorweiler, M. D.
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63746 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 27 1883

Date of Death, Jan 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Cummings

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 78 Years, Months, Days

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation, Returned Lumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 16 Thackeray

Cause of Death, First, (Primary,) congestion Peter Cummings

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jan 26 1883

Undertaker, Jas Ryan

Place of Business, [illegible]

Medical Attendant. [illegible] M. D.

Address, 3 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6374 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Hospoos

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number} 2 Stockholm

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Jan 26

Undertaker, J S Wachen

Place of Business,

Geo. H. Dunn M. D.

Medical Attendant.

Address, Dan of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Bureau of Registration of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannis Frey Lightner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 93 *Years,* *Months,* 5 *Days,*

Color, White

Married, ~~Single,~~ *Widow* ~~or Widower~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 4 to 5 years

Place of Death, {Give street and Number.} 22 W. Monument St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Old Age

Duration of Last Sickness, Many Years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 28th.

Undertaker, P. N. Stroll

Place of Business, 131 Hanover *Address,* 71, Franklin St

J. R. McHenry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 3 [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 Chesnutson.

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung Desease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 27

Undertaker, W. W. Duryee

Place of Business,

Geo. H. Dixon M. D.

Medical Attendant.

Address, 1m Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Specific ... Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6955 Office of Registrar of Vital Statistics Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 28 2 1883

Date of Death, Jany 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Combatsner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 27 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace {State or country, and how long in the United States} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 L Calhoun

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W.P.

Date of Burial, Jany 26

Undertaker J Strechner

Place of Business,

Geo. H. Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6375-1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rebecca Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, four Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) Small-Pox

Second, (Immediate,)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Ebb

Date of Burial, Jan 26

Undertaker, Thos Coulman

Place of Business,

J. H. McPherson, M. D.
Medical Attendant.

Address, 369 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 9. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, or other persons superintending the burial, to furnish within forty-eight hours after the death to the Undertaker, or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63752 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 26 1883

Date of Death, January 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary White

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 29 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and No. } 108 N. Regester

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Small Pox 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, E. B. Public Cem'y

Date of Burial, Jany 26/83

Undertaker, M. Coleman

Place of Business, Address, Canton Ave

Chas. H. Buxton M.D.
Attending Physician.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65763 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elyhett Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 108 S. Bethel St

Cause of Death,
First, (Primary,) Smallpox
Second, (Immediate,) "

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, E. R. Cemetary
Date of Burial, Jany 28th 1883
Undertaker, M Coleman
Place of Business, ____

Wm H. Parsons M.D.
Medical Attendant.
Address, Beach & Comm

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63747 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 26 1883

CERTIFICATE OF DEATH.

Date of Death, January 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Levi

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, five days

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Comp Con fract Femur, + fract Thigh

Second, (Immediate,) Tetanus

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, C F

Date of Burial, Jan 26

Undertaker, W Coleman

Place of Business,

E Van Wyck M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68765 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1883 8 Pm

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Marker Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and Number.} 96 St Paul St

Cause of Death, First, (Primary,) Asthma Dyspepsia

Second, (Immediate,) Phthisis.

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ed

Date of Burial, Jan 26

Undertaker, Mc Cleaverson

Place of Business, ...

N. B. Reid M. D.

Medical Attendant.

Address, Leigh Hospital Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 63756 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~squarely~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~so~~ if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 28 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 26, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Royal

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* — *Days.*

Color, Colrd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} 186 West Ost

Cause of Death, First, (Primary,) Small Pox.

Second, (Immediate,) "

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jany 26 1883

Undertaker Peter Perkins

Place of Business, 130 Henrietta

C. D. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63757 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 25. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reinhard Bachrach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} William

Age, 31 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Policeman,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 77 E. Hoyt St.

Cause of Death, First, (Primary,) Pleuro-Pneumonia,

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cemetery

Date of Burial, Jan. 28th 1883

Undertaker, Wm Elam

Place of Business, 101 Gough St

G. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Ward. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63758 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, January 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 343 Columbia Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Jan 28

Undertaker, J B Leach

Place of Business,

Jno W Black M. D.,
Medical Attendant.

Address, 168 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

...upon applications or Physicians as accompanying invites to the Schools below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63759 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL ... CERTIFICATE ... PROPER CERTIFICATE

CERTIFICATE OF DEATH.

JAN 26 1883

Date of Death, January 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Mattheier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk Bgge. Ohio Rail Road

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Rheinbaiern Germany

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, { Give street and Number. } 538 Druid Hill Ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Ataxic symptoms about 2 days

Duration of Last Sickness, last 21 Twenty Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Washington DC

Date of Burial, Jan. 29. 1883

Undertaker, H. W. Jenkins Sons

Place of Business, 408 Charles

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Robert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians & Midwives to ... Law.

Board of Health, City of Baltimore,

Permit No. 6876 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sally W. Shipley

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 4 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Woodbine B. & O. R. R.

Date of Burial, Jan. 27th 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

Permit No. 63761 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, and, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of such person, or as soon thereafter as he may be able, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Boette

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 3 *Months,* 27 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 888 N. Exeter St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Prostration

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 28/83

Undertaker, P. J. Dill

Place of Business, 983 Columbia Ave

C. L. Buddenberg M. D.
Medical Attendant.

Address, 166 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6 3 7 6 2 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 26 1883

Date of Death, Jan. 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Steigmeier

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 n E. Pr.

Cause of Death, First, (Primary,) Cancer of Uterus

Second, (Immediate,) Sarcoma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Almonus

Date of Burial, Dec 27 th 83

Undertaker, C. Brown

Place of Business, 180 N Wolfe

G. G. Luk M. D.,

Medical Attendant.

Address, Balt & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6376 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Genetta Middleton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Five *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Since Birth

Place of Death, {Give street and number.} 32 George Alley.

Cause of death, First, (Primary,)

Second, (Immediate,) Small pox.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 26 1883

Undertaker, William Dar[illegible]

Place of Business, No 62 E Eutaw St

C. J. Coffroth M. D.
Medical Attendant.

Address, 820 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 6 3 1 6 4 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1883

CERTIFICATE OF DEATH.

Date of Death, January 23 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celeste Tyler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* 5 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 56 Penn St

Cause of Death, First, (Primary,) Pleuro pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, January 27 83

Undertaker J. D. Higgs

Place of Business, 76 Howard St

W. H. Lewis M. D.
Medical Attendant.

Address, 65 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63565 Office of Registrar of Vital Statistics

.....is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th, 1853

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 764 S. Eutaw St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Variola

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 29th 1853.

Undertaker, H. W. Nicolopulo

Place of Business, 253 Alisander St. 248 Broadway

.....M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

/3 Board of Health, City of Baltimore,

Permit No. 6316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26. '83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frank M. Posey.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 Years, 2 Months, [illegible] Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, if born in the United States; if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 401 Lexington Street

Cause of Death, {First, (Primary)} Small Pox

{Second, (Immediate,)} Septicaemia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Leaden Penitentiary

Date of Burial, Jan 26 th 1883

Undertaker, Jos B Leach

Place of Business, Mayth Baltimore Street

H Boyd Lytle

Medical Attendant.

Address, 198 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or of the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Following Rules, and to Part of Section 2 [illegible]

Board of Health, City of Baltimore,

Permit No. 63767 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or as required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie E. Smethell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Reisterstown Md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and Number.} 706 Balto st

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E B

Date of Burial, ~~E B Coats~~

Undertaker, Lowton

Place of Business, McColman

H. G. Conneely M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6 2 7 6 — *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *according out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hrs *Days,*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 216 Lee St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 27

Undertaker, H W Ehlers

Place of Business,

Geo. H. Dunn M. D.

Medical Examiner

Address 216 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 63769 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 26 1893

Date of Death, Jan 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ... *Months,* 11 *Days.*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 196 Henrietta

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan

Undertaker, A W Chase

Place of Business,

Chas W Simon M. D.

Medical Attendant.

Address, Cor J Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 63770 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1883

CERTIFICATE OF DEATH.

Date of Death, 27th January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wardlearca

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} Thames Street 81

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Varicella

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, Lo. Alpheus

Date of Burial, Jan 27th 83

Undertaker, C. Frazer

Place of Business, Bond & Wolfe *Address,* S. Wolfe St 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 [illegible]

Board of Health, City of Baltimore.

Permit No. [illegible]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 27 1883

CERTIFICATE OF DEATH

Date of Death, January 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada May Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 7 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 19 yr. 7 mos

Place of Death, {Give street and number.} 2 Amity Court

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 8 mos (about)

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 27th 1883

Undertaker, Jos H Loch

Place of Business, No 707 N Baltimore st

L L Sitting M.D.,
Medical Attendant.

Address, 46 W. Saratoga

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65172 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy West.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 188 Wash

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamel

Date of Burial, Jan 27

Undertaker, H J Ross.

Place of Business,

Geo. H. Dixon M. D.,
Medical Attendant.

Address, Con of Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is respectfully invited to the following Rules, and to Rules 11 Sections on back of this ...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics Ward 3

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 1865

Date of Death, Jan the 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} infant of Anna White

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, a few minuts *Years,* *Months,* *Days*

Color, Black just Capping

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, a few minuts

Place of Death, {Give street and Number.} No 121 Hessings Court

Cause of Death, First, (Primary,) Asterni

Second, (Immediate,) the Mother warking part by was and Janing and putting Coals away

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E.

Date of Burial, Jany 27

Undertaker, Mg Coleman

Place of Business,

Geo. H. Dixon M. D.

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63774

The Physician who attended any person as a last illness ... the presentation of this Certificate, ... to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said ... oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnny Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* .....

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 Green's Court

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Smallpox

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, January 27

Undertaker, B. Y. Hall

Place of Business, 81 West 15

Robert B. Lowe M. Medical Attend.

Address, 383 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall ... duty of the Physician who attended during his ... last sickness, or the Coroner, when the case comes under his ... furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certific... ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

No. 6 5 7 7 4 Office of Registration of Vital Statistics Ward 16

The physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *declaring* [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 27 12 1883

Date of Death, Jan 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Ruth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, Months, 12 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 234 Hanover St

Cause of Death, First, (Primary,) Varicella

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, January 24

Wm Gould M. D.
Medical Attendant.

Undertaker, B Hall

Place of Business, 62 West St Address, 170 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special attention of Physicians is respectfully invited to the following rules.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and, in the absence of such Physician, it is the duty of the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Anna Bowman Barker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 Years, / Months, 22 Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England — 31 yrs in U. S.

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number} 334 Light St

Cause of Death {First, (Primary.) a Second, (Immediate.)} Cancer of the Uterus

Duration of last Sickness, About 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, January 28

{Undertaker, D. Hurley
Place of Business, 42 West St.}

Robert S. Love M.D.
Medical Attendant

Address, 338 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6777 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be issued without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 22 1883 BALTO

Date of Death, January 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary [illegible] Rawn

Jakeh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 60 S. Wolf st

Cause of Death, First, (Primary,) Phimosis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 28/83

Undertaker, Jy Henry W. Fidler

Place of Business, 8 N Central Ave

Thomas B. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63778 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~if required so to do~~, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, 27th Jan 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Weirich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 0 *Months,* 0 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ensingen Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 5 Pearl st

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Westerns Cemetery

Date of Burial, 27 Jany

Undertaker, J Glatkaber

Place of Business, 226 Pratt *Address,* 120 Pearl st Baltimore

Dr W Heldmann *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That hereafter any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or by the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63179 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~as soon as he can be found~~, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John R. Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* ~~1~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Stevedore

Birthplace { State or country, and how long in the United States if of foreign birth. } Middlesex Co Va.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 279 ~~Hanover~~ Hoffman A.

Cause of Death, { First, (Primary,) Variola / Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Wesley Cemetery

Date of Burial, 27 January

Undertaker, J. H. Eshelman

Place of Business, 236 Penna Ave

J. H. Hoffman M. D.
Medical Attendant.

Address, 272 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 63780 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within ... of the death of said deceased, or as soon if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, 24th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah N. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Book Keeper in Custom House

Birth, {State or country, and how long in United States.} ...

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} (Auth) 50 Calhoun st

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Heart Disease & Congestion of Lungs

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial Louden Park cemetery

Date of Burial, Jan 28th 1883

Undertaker, Jos B. Loch

Place of Business No 707 W Baltimore street

D. P. Hoffman M.D.

Medical Attendant.

Address, 299 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 11 6378

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, signed, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 26 2 1803 HEALTH

CERTIFICATE OF DEATH

Date of Death, January 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Luvis Gilpin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *~~Months,~~* *Days.*

Color, Colard

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or Country and how long in the United States, if of foreign birth.} No 24 Harris Ally

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 24 Harris Ally

Cause of Death, First, (Primary.) Spasm

Second, (Immediate.) Epilid

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 28th 1883

Undertaker, Chas T Scriven

Place of Business, 271 W Pratt St

T H Knight M.D.,
Medical Attendant.

Address, No 36 Davis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.]

14

Permit No. 63782

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No permit for burial can be obtained without a proper certificate.

CERTIFICATE OF DEATH.

Date of Death, Janu 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Lidbeater

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 3 Hours

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 417 West Fayette St

Cause of Death, First, (Primary.) Malformation Heart

Second, (Immediate.) Not Known

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jany 28th 1883

Undertaker, Chas. J. Scriven

Place of Business, 271 N. Eutaw St

H. B. Noble M.D.
Medical Attendant.

Address, 56 Wayne av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully called to the Rules below,

14

Permit No. 68783

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible [illegible] out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do and [illegible] penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 27 2 1883

Date of Death, January 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mihuld Annie D. Nuebe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 Years, 6 Months, 4 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 417 St. Paul St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis of Heart

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jany 28th 1883

Undertaker, Chas. T. Scriven

Place of Business, 241 Eastern Av

J. L. Noble M.D.
Medical Attendant.

Address, 56 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 of Diseases to be

Board of Health, City of Baltimore,

Permit No. 63784 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Lentz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} D W

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 320 Alice Anna St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, 27 th

Undertaker, W Lippel

Place of Business, 151 Bond St

John U Kehlinger M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63786 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person during his last illness, or the Coroner, on the presentation of this Certificate, will fill out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jansen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 213 East ave

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 10 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, 27th

Undertaker, W Leppel

Place of Business, 1515 Bond st

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 23786 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 January 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Bee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 156 York St

Cause of Death, First, (Primary,) Bronchitis Catarh

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1893

Undertaker, Wm Hensley

Place of Business 1160 Hanover St

L. L. Lyon M.D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65787 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

CERTIFICATE OF DEATH.

JAN 21 1883

Date of Death, January 25 / 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wilmore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Hod carrier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 230 N. Durham St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial. Jan 28. 83

Undertaker, Alex Hamsley

Place of Business 116 Orchard

G. F. Hunter M.D.
Medical Attendant.

Address, 234 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

Permit No. 63788

Registrar of Vital Statistics.

The undertaker who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Griffiths

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 5 Years, — Months, — Days

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 16 N. Gay St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diptheria

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Jan 27 1883

Undertaker, Chas Kaufmann

Place of Business, 1103 Light St

W. G. Sandrock M. D.
Medical Attendant.

Address, 247 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

KEE & CO. CITY FURNITURE AND STATIONERY.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 63789 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or earlier if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, January 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5th Gen. Ref. Cemetery

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, 5th Gen. Ref. Cemetery

Date of Burial, 27 of Jan. 1883.

Undertaker, Henry Hofmann

Place of Business, 62 N. Eden St.

M. D.,

Medical Attendant.

Address 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case came under his notice, to certify within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 68790 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 27 Peach Alley

Cause of Death,
First (Primary), ...
Second (Immediate), Variola

Duration of Last Sickness,

All the above info[illegible] should be furnished by the Physician.

Place of Burial, Western Cemty

Date of Burial, Jany 27/83

Undertaker B. Harle

Place of Business,

Wm Gondel M.D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore.

Permit No. 63791

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, January 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 114 Townsend ab

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 1/2 past 2 Feb 1

Undertaker, Mrs J Chalmers

Place of Business, 123 Townsend St

W. C. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 1792 — Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1875

Place of Death, {Give street and Number.} 97 Lowell

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) —

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Bulls Cemetery

Date of Burial, January 28th 83

Undertaker, John Henry

Place of Business, 382 Canton Ave

E. Wesson M. D.
Medical Attendant.

Address of Physician 1 Exeter Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

Permit No. 63793 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, 25 January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Westley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 7 *Months,* 6 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Street and Number.} 54, Chase St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Jan 27 1883

Undertaker William Young

Place of Business No 626 [illegible] St

L. L. Dyer M. D.
Medical Attendant.

Address, 746 Hill St.

L. BOYER, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics

Permit No. 63794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Downs

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, Thirty Nine Years, Months, Days.

Color, Negro

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, (and how long in the United States, if of foreign birth.)} Talbert County Maryland

Duration of Residence in the City of Baltimore

Place of Death, {Give street and number} 107 Monsalley Court

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Heart disease

Duration of last Sickness, About Three months

All the above information should be furnished by the Physician.

Place of Burial, Ner

Date of Burial, Jan 27

Undertaker, F Wardman

Place of Business,

Wilmot Ayers M. D.
Medical Attendant.

Address, 93 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] to DUPLICATE of the above PERMIT AND STATEMENT. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 63796 *Office of Registrar of Vital Statistics* ... 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ... *Months,* ... *Days,*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 107 York St

Cause of Death, First, (Primary,) Croup Pneu

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H.B. Pub Cemetery

Date of Burial, Jany 27 1885

Undertaker, F.A. Weiss

Place of Business, 508 Canton Av

Geo. F. Jones M.D.
Medical Attendant.

Address 107 York St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

6 [illegible] 796

Permit No. 03 796

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 Jany 1883

Full Name of Deceased, {Write name correctly. If an Infant not named, give names of parents.} Elizabeth [illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 64 yrs.

Place of Death, {Give street and number} 67 N. Washington St.

Cause of Death, First, (Primary,) Congestion of Lungs.

Second, (Immediate,) Asthenia from Cancer of Stomach

Duration of last Sickness, 3

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 29

Undertaker, [illegible]

Place of Business, 707 W. Pratt

B. F. Leonard M.

Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 63797 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, January 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Bleiler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 117 S. Exeter st

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Ulceration in

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Comty

Date of Burial, Jan 29th 1883

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

R. W. Winterode M. D.
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Special Attention of Physicians is respectfully invited to the following notice, and to Rules of Duties on page 4.

Board of Health, City of Baltimore,

Permit No. 63798 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Eby / Mortley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, — *Years,* 7 *Months,* 10 *Days.*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 120 Perkins Ave

Cause of Death, { First, (Primary) Spasm

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 28th

Undertaker, Blackistone & Son

Place of Business 660 W. Lombard

R. W. Coltun M. D.
Medical Attendant.

Address, 313 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63799 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 27 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 205 E. Dallas St

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) "

Duration of Last Sickness, 6 Days

All the above Information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, Jany 26 1883

Undertaker, M. Coleman

Place of Business,

Geo. H. Preston M. D.
Medical Attendant.

Address, Health Comm.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63808 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN. 1883

Date of Death, January 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 68 Wilcox Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cem'y

Date of Burial. Jany 27/83

Undertaker, F. W. Kerchner

Place of Business,

Geo. H. Simms M.D.
Medical Attendant.

Address, City of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63801 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and in case [illegible] another person superintending the burial will be required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN

Date of Death, Jan 23rd 1926

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} 426 Division St

Cause of Death, First, (Primary,) Disease of the heart, (Aortic)

Second, (Immediate,) Edema of lungs

Duration of Last Sickness, 3 years?

All the above information should be furnished by the Physician.

Place of Burial West Sharp St

Date of Burial January 27th 26

Undertaker, M. J. Jordan

Place of Business 63 Park ave

83 S. Kirkwood M. D.
Medical Attendant.

Address, 120 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 63802 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 27 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 26. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter J. Brosman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cabinet Maker

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 56 Parral ff

Cause of Death, { First, (Primary,) Heart Disease (Aortic.) / Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. *M. D.* J. Rickard

Date of Burial. Jan. 28

Undertaker, Walter Imms — Medical Attendant.

Place of Business, 315 W. Baltimore *Address,* 320 Penn Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 63903 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilson M Moore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 1 Mo *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 52 L. McElderry

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauel

Date of Burial, Jan 27

Undertaker, H. N. Delphey

Place of Business,

Geo. N. Edmunds M.D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6380 A *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, as required by the Ordinances of the City of Baltimore.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 27 2 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, Jan 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 18 Pleasant Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

Place of Burial, St Peters

Date of Burial, Jan 27

Undertaker, M A Dwyer

Place of Business, ... *Address,* .....

J W Shaw M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Colored

Special attention of Physicians is respectfully invited to the Remarks below, and to that on reverse of this

12

Board of Health, City of Baltimore,

Permit No. 63805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 83 BALTO

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Spinster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 323 Mosher St

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 28 — 83.

{*Undertaker,* Denny & Mitchell / *Place of Business,* 55½ W Fayette St} *Address*

J. Gilman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... cause and date of death, except in cases of births and deaths of illegitimate children.

Board of ~~Health~~, City of Baltimore,

Permit No. 63886 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 12 1863 BALT

CERTIFICATE OF DEATH.

Date of Death, Jany 26. 1863

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 662 W Lombard st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 28th 1863

Undertaker, Wm. S. Meeches

Place of Business, Pratt & Eutaw sts. *Address,* 319 Hillen

James R Bailey
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6 8 8 0 7 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 2 1 1893

CERTIFICATE OF DEATH.

Date of Death, Jan 21 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fulgsteen Dantele

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 [illegible] Monroe St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Jan 22 93

Undertaker, G. Frazer

Place of Business, Frazer & Wilson *Address,* 24 S. Broadway

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any [illegible] in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or [illegible] of the case coming to his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

Board of Health, City of Baltimore

Permit No. 63808 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 27 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, January 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 57 Jenkins Alley

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 57 Jenkins Alley

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) —

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 27th 1883

Undertaker, W. H. Burch Jr.

Place of Business, 9 S. Hill St.

A. L. Gihon
Medical Superintendent.

Address, 2101 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63809 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 2 1883 BALT

CERTIFICATE OF DEATH.

Date of Death, Jan the 25 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lumber Piler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} No 12 Lusteds Court

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Date of Burial, Jan Thy 28 th

Undertaker, Hogles Ross

Place of Business, Conway St.

Address, Chas N. Dennis M. D.

~~Medical Attendant~~ Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6 3 8 1 0

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

CITY 1883 BALTIMORE

Date of Death, Aug 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Lange Parents, Valentine & Kate Lange

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Days, Died one hour

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 70 Camden St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Holy Redeemer Cemetery

Date of Burial

Undertaker, C. M. Gall

Place of Business, 163 Hanover St

Balto

M. D.,

Medical Attendant.

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6391 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Peter Baer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Year,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 25 N Spring St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) do —

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, January 29/83

Undertaker, Adam Fields

Place of Business, 461 & Gay St

Address, 862 Fayette St

W. A. Bohanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63872 — *Office of Registrar of Vital Statistics* — Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 27 '83 BALTIMORE

Date of Death, January 27 " 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna C Shaffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York Co Penna

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 5 Rutter St

Cause of Death, First, (Primary,) Tub Tuberculosis of Lungs

Second, (Immediate,) Anasarca & Oedema of Lungs

Duration of Last Sickness, 7 mos

All the above information should be furnished by the Physician.

Place of Burial, Asbury M E

Date of Burial, Jan 29 " 1883

Undertaker, Andrews & Hodgson

Place of Business, No 4X6 Druid Hill Ave *Address,* 182 London Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 63813 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, or such time if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1893

CERTIFICATE OF DEATH.

Date of Death, January 27th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James G. Zinkhan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Manheim, Penna

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} No 190 Maryland Avenue

Cause of Death, First, (Primary,) Diphtheria Diphtheria

Second, (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Jan 29-1893

Undertaker, F. N. Troll

Place of Business, Hanover St

H. Morris M.D.

Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

For special Attention of Registrars to points marked below, see List of Diseases on Back of this C...

Board of Health. City of Baltimore,

Permit No. 63814 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Degner

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 147 N. Exeter

Cause of Death, First, (Primary.) Variola

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, 28 of Jan 1883

Undertaker, Henry Hofmann

Place of Business, [illegible]

Thomas M. D.

Medical Attendant.

[illegible] Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the [illegible] or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

for Burials, to the Office where [illegible]

63815

Died January 27th 1938

Name Katie Powell

Female -

age - 5 Mo

White

Occupation None

Born in Balto

Lived always in Balto City

Place of death 79 E. Pratt St

Cause of death Primary Complicated

Immediate Malig Scarlet from Convulsions

Duration of last Sickness

About one week

Geo B Reynolds M.D.

1717 N. Calvert

Place of Burial Loudon Park Cemy

Date of Burial Jany 28/38

Undertaker Eliza Leo

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 4 8 6 7 6 3 8 1 6 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuel Brue Manuel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... Years, 6 Months, 18

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 114 Mutual Ave

Cause of Death, First, (Primary.) Bronchitis acute & Convulsions

Second, (Immediate.) Convulsions & Apnoea

Duration of last Sickness, Bronchitis ~~[illegible]~~ Convulsions

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 28th 1883

Undertaker, Wm. N. Bunger

Place of Business, 62 East St.

E. O. Barlow M.D.

Medical Attendant

Address, 305 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate [illegible] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased [illegible]

Special Attention of Physicians is respectfully invited to the Sections [illegible]

Board of Health, City of Baltimore,

Permit No. 63817 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, oyster shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 48 N. Hampstead st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumptions

Duration of Last Sickness, 14 months

All the above Information should be furnished by the Physician.

Place of Burial, Dallas st cemetery

Date of Burial, Jan 28th 1883

Undertaker, Wm P Dunger

Place of Business, No 62 East, st

J J Smith. M.

Medical Attendant.

Address, 137 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d[uty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur[nish] within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting f[orth] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dec[eased] the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6381 S *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED JAN 28 1893 REGISTRAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 49 N. Eden Street

Cause of death, First, (Primary,) Pericarditis

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, Jan 29 93

Undertaker, Fred Gaede

Place of Business, 227 E. Baltimore St

W. H. W. Jones, M. D.,
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6388 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January the 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Albert Hannan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* 18 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 135 Iceland Alley

Cause of Death, First, (Primary,) Sickly Bourn and could not swallow

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 28th

Undertaker, Harvey Ross

Place of Business, 1620 E Conway

Geo. N. Benson M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Form 1

Board of Health, City of Baltimore,

Permit No. 63820 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 28 1883 BALTIMORE MD.

Date of Death, Jany

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 108 Slum alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 28th 83

Undertaker, A. Blake

Place of Business, Conway St

Geo. W. Dixon M. D. Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6821 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Quelzl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 Griffins Court

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, Jan 28th 83

Undertaker, G. Frame

Place of Business, Pauls & Wolfe

James F. McShane M. D.
Medical Attendant

Address, 68 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty [illegible] within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rachel Lentz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 0 Years, one Months, ~~six~~ Days.

Color, ~~White~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City North Ward

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 54 E. Baltimore Market Space.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 0

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Potters Grave

Date of Burial, Jan'y 29th 1883

[illegible] M. D.
Medical Attendant.

Undertaker, John Lentz

Place of Business, 166 & Bolton St. Address, 523 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6392 3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan. 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wood Gaddis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} No 11 East Lexington St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished.

Place of Burial, Mount Auburn Cemetery

Date of Burial, January 30, 1883

Undertaker, John Fahr M.D. Medical Attendant

Place of Business, 166 Balto St Address 24 Potato Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 65834 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 28 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 27th January 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Myers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 Years, 5 Months, / Days

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 290 S Eutaw St

Cause of Death, First, (Primary,) Spinal Meningitis with diathesis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Sharpshurst Cemetery

Date of Burial, Jan 29 1888

Undertaker, Alex Thursby

Place of Business, 1160 Orchard St

L. D. Dyer M. D.
Medical Attendant.

Address, 146, Hill St

L. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth [illegible] the full name, sex, age, [illegible] the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Virginia Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 Years, 3 Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (add how long in the United States, if of foreign birth.)} 37 Little Monument St.

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number.} 37 Little Monument St

Cause of Death, First (Primary.) Tuberculosis

Second (Immediate.) Tubercular Meningitis.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Agnes Cemetery

Date of Burial, Jan 29 83

Undertaker, Riley Hornsby

Place of Business, 160 Orchard St

Amanda E. Taylor M.D.
Medical Attendant

Address 75 North Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Laveria Carter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 Years, 5 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Crossout the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 99 Orchard St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia & Convulsions

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 1883

Undertaker, Alf Hennelly

Place of Business, 116 Orchard St

Eugene F. Cordell M. D.
Medical Attendant.

Address, 1225 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 65827 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 27 - 4 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 Years, 11 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 132 S. Holg. St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 Months or more

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Jan 29th 1883

Undertaker, Leonard Ketz

Place of Business, 129 So. Broadway

James E Donnelly M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 8. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6329 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH. JAN 28 1883.

Date of Death, Jany

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L. Fritz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State of country, and how long in the United States, if of foreign birth. } B. City 10 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 868 S. Sharp

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Mineral Burn

Date of Burial Jan 28th 1883

Undertaker, Julius Koehler

Place of Business Sharp St Bridge

R. H. Ellis M. D.
Medical Attendant.

Address, 318 Lytle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 6389 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Clift

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 172 William St

Cause of Death, First, (Primary,) Croup-Pneu

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 29th

Undertaker, P. Wade

Place of Business, 92 West St

Wm A. Cooke M. D.
Medical Attendant.

Address, 573 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 6382 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

Date of Death, Jan. 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Dennedy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 4 Portugal Court

Cause of Death, First, (Primary,) Infantile convulsions

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelic Cem

Date of Burial, Mary 28th 1883

Undertaker, H. Saunderson

Place of Business, 532 Eastern Ave

Chas. W. Mansfield M. D.
Medical Attendant.

Address, 119 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63831 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 28 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ruppert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 201 S Bethel St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cem

Date of Burial, Jany 28 83

Undertaker, H. Hunt & Son

Place of Business, Baltimore

Chas. H. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6392 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Jan 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Dean

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ... Life

Place of Death, {Give street and Number.} 115 Eastern Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 29th 83

Undertaker, G. Frazier

Place of Business, Pratt & Wolfe Address 114 Pratt

M. D. Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or in case there was no such Physician, then it shall be the duty of the Undertaker his agent or assignee, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate containing such facts as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63763 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jan 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Elkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,* 7

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Ly

Place of Death, {Give street and Number.} 103 Pleasant Alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Jan 28/83

Undertaker, F. A. Kerchner

Place of Business, 50 & Canton

Geo. H. Dunscomb M. D.,
~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6384 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonard Conrad Reik

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Yrs.

Place of Death, {Give street and Number.} 431 McHenry

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jany 28/83

Undertaker, J. H. Elbert

Place of Business, W. Balto St

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

18 **Board of Health, City of Baltimore.**

Permit No. 63835 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Ash

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 9 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 6. Mc Henry St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 9 da

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 29th 1883

Undertaker, Jas Grimbach

Place of Business, 387 W. Pratt St.

W. H. Stuart M.D.,
Medical Attendant.

Address, 9 S. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63736 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. JAN 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 28/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Albert Dreyer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* 26 Da.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and Number. } 289 Orleans St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29th 1883

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 112 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 63837 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Caroline Sahlmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 454 Canton ave

Cause of Death, First, (Primary,) Diarrhoea of long standing

Second, (Immediate,) Ulceration of bowels & Paralysis

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sat Paulus Cemetery

Date of Burial, Jan 29th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton ave

G. A. Dehmann M. D.
Medical Attendant.

Address, No 2 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63838 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of [illegible]

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} John Childs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 52 S Wolf St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 29th 83

Undertaker, G. Frame

Place of Business, Frame & Wolf

James E Smith M. D.
Medical Attendant.

Address, 296 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That when any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63839 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Klegonwald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 5 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 300 E. Ave.

Cause of Death, First, (Primary,) Variola confluens

Second, (Immediate,) Laryngitis

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Jan 28 83

Undertaker, G. Franc

Place of Business, Bank & Wolf

G. G. Link M. D.
Medical Attendant.

Address, Balt. & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6388 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Seitz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and Number.} 267 S. Ann

Cause of Death, First, (Primary,) Dysentery Duration 2 days

Second, (Immediate,) Exhaustion from

Duration of Last Sickness, about 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Jan 29th 80 — Y. A. Bohrman M. D. Medical Attendant.

Undertaker, G. Frame

Place of Business, Paul & Wolf Street *Address,* 8 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6894 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] off, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 27-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Rosstein

Sex, Male or Female, {Cross out the word not required in this line.} Mal

Age, 68 *Years,* ____ *Months,* ____

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} St. Joseph's Hospital

Cause of Death, First, (Primary,) Chr Bronchitis

Second, (Immediate,) old age

Duration of Last Sickness, 2 weeks

At the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 29th 83

Undertaker, G. Frazier

Place of Business, Bank & Mott

S. V. Gilbertson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and [illegible]

Board of Health, City of Baltimore,

Permit No. 6 3 8 4 2 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Stowe

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and Number. } 31 Bullis alley

Cause of Death, First, (Primary,) Cancer Face

Second, (Immediate,)

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, Jan 29/883

Undertaker, Country Conf

Place of Business, 263 Light St

O A Cooke M. D.

Medical Attendant.

Address, 573 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 63943 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and if requested to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Frank Eckert

Sex, Male or Female, { Cross out the word not required in this line. }

Age ..... *Years,* 5 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Notts Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 32 Port alley

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 29th 1883

Undertaker, Wm Nicholson

Place of Business, 252 Aisquith *Address,* .....

E Jordan M.D. Medical Attendant

32 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 16588 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 30 1893

Date of Death, Jan 27th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Halley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His Life

Place of Death, {Give street and Number.} Nr 12 Ashton alley

Cause of Death, First, (Primary,) Epileptic Spasms

Second, (Immediate,)

Duration of Last Sickness, Four hours

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, Jan 29

Undertaker, H C Carman

Place of Business, 38 Eutaw Ave

H. S. Eastman M. D.
Medical Attendant.

Address, 101 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 9 / 63845

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or within such time if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Jan 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Parker Carnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Lately 20 years

Place of Death, {Give street and number.} 42 Franklin St

Cause of Death, First, (Primary.)

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Fact unascertained

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 29th Jany 1883

Undertaker, H. H. Jenkins & Son

Place of Business, Park & Saratoga *Address,* 142 N Charles

Jno Kennedy M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6346 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Herring

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* ——— *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} No 382 Orleans st

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 29 1883

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,* 12 S Eden st

L C Whitenett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63841 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the procurination of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolf W. Seidwitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 27 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Paper Box Manufactr

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 683 W. Lombard Street

Cause of death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 29th 1883

Undertaker, Rain & Sparks

Place of Business, 62 S. Eutaw St

C. H. Thomas M. D.,
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians [illegible] to the [illegible] Law, and to List of Di[illegible] back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 3 8 4 5 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 29 1883

Date of Death, 28 Jan 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude K. H. Sitzer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 247 Mount St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Jan 29th 1883

Undertaker, Ran. H. Bartlett

Place of Business, 42 W. Baltimore *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting as far as the same can be ascertained, the full name, sex, age and condition (whether married, single, widow or widower) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children

Board of Health, City of Baltimore,

Permit No. 63849 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, January 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Wachter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Twenty *Months,* Twenty Seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 393 Eastern Avenue

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, January 29-83 Wm H Clendinen, M. D., Medical Attendant.

Undertaker, H Sanders Son

Place of Business, 203 Eastern Ave Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63810 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 29 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single,~~ *Widow* or ~~Widower~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 179 N. Fremont St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart — Fatty degeneration —

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Jan. 29, 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

J. H. Allen M. D.,
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63851 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Welch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* One *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No N E. Cor of Pond & Wolfe

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup 4 days

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Bethlehem Cemetery

Date of Burial. January 30 1883

Undertaker, John Henry

Place of Business, 382 Orleans St *Address,* 12 S. Edo

D. O'Driscoll M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 68862 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as practicable, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 29 1883

Date of Death, Jan. 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Koch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* 14 *Days,*

Color, wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden

Duration of Residence in the City of Baltimore, a above

Place of Death, {Give street and Number.} S W Cor Lafayette & Washington

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Never Sick

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Jan 29 1883

Undertaker, John Mc Nulty

Place of Business, 382 Orleans

B. F. Shoe M. D.,
Medical Attendant.

Address, 128 Church

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore

Permit No. 63853

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Louise Jennings

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 258 Hamburg st

Cause of Death, First, (Primary.) Scalded Face

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Harpers

Date of Burial, Jan 29 1883

Undertaker, S. H. Chase

Place of Business, 199 S Howard st

Geo. H. Dunn M.D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63857 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Daughaday

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 19 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and Number.} 82 S. Carrollton av

Cause of Death, First, (Primary,) Hip joint disease - Necrosis, Gastritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, Ft Dodge cemetery

Date of Burial, 29th January

Clark Van Bibber M. D.,
Medical Attendant.

Undertaker, Matthew Patterson

Place of Business, 227 Mulberry st *Address,* 47 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W.m H. Carter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City all his life

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 57 Sarter St

Cause of Death, {First, (Primary.)} Consumption.

{Second, (Immediate.)} of Lungs

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Lowrie

Date of Burial, June 30 1883

Undertaker, D. McShane

Place of Business, 195 D Howard

J. E. Cloyd M. D.
Medical Attendant

Address, 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

[illegible] & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6,945

Certificate No. [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Chambers

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 50. *Years,* *Months,*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 52 Westchester Pl

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion.

Duration of last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Jan 29 1893

Undertaker, E W Chase

Place of Business, 198 Howard St

S. G. Matt

Medical Attendant

Address, 203 N. Louden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63857 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 1893

CERTIFICATE OF DEATH.

Date of Death, January 29 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magdalena Murry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 32 E. Centre St.

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) 4 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, January 29th

Undertaker, M. Clarke & Son

Place of Business, 92 E. Pratt

Edward Mulbride M. D.

Medical Attendant

Address, 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ~~forty~~-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health of Baltimore.

Permit No. 6 3867 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Allen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days,*

Color, Col.

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Place of Birth, {State or country, and how long in the United States,} Virginia

Duration of Residence in the City of Baltimore, 12 Yrs.

Place of Death, {Give street and Number.} 141 S. Bethel

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22nd 1883

Undertaker, S. F. Locke

Place of Business, 73 Jefferson

J. L. Winston M. D.
Medical Attendant.

Address, 741 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63869 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1.20 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robert Lindemore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 Years, ... Months, ... Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X Single

Occupation, XXX

{State or country, and how if in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 154 S. Durham

Cause of Death, First, (Primary,) Fell from a sled - Head struck the

Second, (Immediate,) Frost

Duration of Last Sickness, At home on Friday - 26 inst - was called

All the above information should be furnished by the Physician. on Saturday - Child was dying

Place of Burial, Wagnerville

Date of Burial, Jan 29

Undertaker, W. Dysel

Place of Business, 147 S Bond

James E Donelle M. D.
Medical Attendant.

Address, 29 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63860 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 29 1883

Date of Death, January 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stinnman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 2 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Anna Mary Theresa Stinnman

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 862 w Pratt St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Marasmus

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 29th 1883

Undertaker, Mr L. Haus

Place of Business, 317 Hanover St *Address,* 168 S Paca St

Geo W Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63761 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 29 1883 BALTIMORE

Date of Death, January 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Wm Kramer,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth} Baltimore,

Residence in the City of Baltimore, Balto

Place of Death, {Give street and Number.} 113 Hollins Cor Amity

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Alphonsus Cemetery

Date of Burial, January 30th 1883

Undertaker Mr L. Hearn

Place of Business, 311 Mulberry St

H. Winn M. D.
Medical Attendant.

Address, 5 Franklin St

Recd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 63962 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 29 1883 BALTIMORE

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Listinen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State if country, and how long in the United States,} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 242 Montgomery st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition Marasmus

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Bard

Date of Burial, Jan 30

Undertaker, C. Crane

Place of Business, ...

Wm Gambrill M. D.,
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63863.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Rueckle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 83 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower {Cross out the word not required.} Widower

Occupation, Livery Stable Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 65 years

Place of Death, {Give street and number} No 232 East Pennsylvania Street

Cause of Death { First, (Primary,) Injuries by fracture of left femur & contusion of head
Second, (Immediate,) Exhaustion & the effects of contusion of head & fracture of femur, resulting from general exhaustion & debility

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 30

{ Undertaker, Geo Schilling
{ Place of Business, Maryland Avenue

N. J. Howard M. D.
Medical Attendant,

Address, 169 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 63764 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 3293 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis F. Zinkham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 18 *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Manheim – Penna

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} 190 Maryland Avenue

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan'y 29th

Undertaker, C. W. Groll & Son

Place of Business, 131 Hanover *Address,* 5 Franklin St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 63865

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Luthardt

Sex, Male or Female, { cross out the word not required in this line. } —

Age, 5 yrs *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 145 Columbia Ave.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Acute Nephritis

Duration of last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 29 1883

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave

A. G. Gaither M. D.
Medical Attendant.

Address, 213 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. [illegible] & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 63866 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Mulliken

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} No 8 N. Bond St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Methodist Cemetery

Date of Burial, January 29th 1883

Undertaker, John Lake

Place of Business, 661 Balto St

Chas M. Worth M.D.
Corner E & Medical Attendant.

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63867 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza R. Fairbairn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~a Count~~ 53 *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 351 Hanover St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 30 1883

Undertaker, Arnett & Cheney

Place of Business, 203 Light

R. L. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

To **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 63868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland Unknown

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number.} 178 Fremont St

Cause of Death { First, (Primary,) Brights Disease
Second, (Immediate,) do

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 30/83

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* cor Carlton and Mulberry

J. J. Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63869 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 1893

Date of Death, January 27th 1883-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dobbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 38 *Years,* — *Months,* — *Days.*

Color, W

Occupation, Ferryman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Foot of Ann St in an old Caboose

Cause of Death, First, (Primary,) 2 Variola

Second, (Immediate,) 3

Duration of Last Sickness, Last Day

All the above information should be furnished by the Physician.

Place of Burial E A

Date of Burial, Jan 29

Undertaker, McCutcheon

Place of Business,

Chas M. Morfit M. D.
Corner E. & Medical Attendant.

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And, be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (over)

[OVER

Board of Health, City of Baltimore,

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth V. Nelson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 1 month

Place of Death, {Give street and Number.} 156 E. Eden St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) " "

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetary

Date of Burial, Jany 27, 83

Undertaker, H. C. Heiman

Place of Business,

Geo. H. Enoch M. D.
Medical Attendant.

Address, Fourth Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6 3 8 7 4 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1853

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Anderson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 15 *Years,* ..... *Months,* ..... *Days*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } S

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Easton Talbot County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } 70 Market Space

Cause of Death, { First, (Primary,) Died from Obstruction
Second, (Immediate,) Abscess Bowels Caught fire

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, E L

Date of Burial, Jan 29

Undertaker M Coleman

Place of Business, ...

H H Connelly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63872 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 23 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 84 Monroe al

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 29

Undertaker, J Kershner

Place of Business, ...

Alexander Tinsley M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

7

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 63873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the undertaker or other person superintending the burial, within *Twenty-four Hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Keable

Sex, Male or Female. {Cross out the word not} Male

Age, One Years, Three Months,

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 327 North Central ave

Cause of Death, { First (Primary,) Convulsions
Second (Immediate.)

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, St James, Center

Date of Burial, January 30, 1883

{ Undertaker, Henry Hoop
Place of Business, 327 Central ave

Chas. A. Colwell M.D.
Medical Attendant

Address 528 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur... within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certi... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or s... ... and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6 3 F 7 1 7 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1933 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January the 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Anna Virginia Hall

Sex, Male or Female, {Cross out the word not required in this line}

Age, 6 *Years,* 10 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 98 St Marys St

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Rheumatism

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan the 29

Undertaker, Sam Cheese

Place of Business, Howard & Hill *Address,* 1211 E Monument

Geo. W. Dunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63875 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January the 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent County

Duration of Residence in the City of Baltimore, 2 year and 6 month

Place of Death, {Give street and Number.} 86 Cider Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Comptsumtion

Duration of Last Sickness, 8 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemitry

Date of Burial, January 29

Undertaker, Hercules Ross

Place of Business,

Geo. W. Dixon M. D.,
Medical Attendant.

Address, Cor. of Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 63816 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certi
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, January 28 88.

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} Mary J. Jackson.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* .....

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State in country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 313 Eutaw St

Cause of Death, First, (Primary,) Typhoid Fever.

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, January 30

Undertaker, H Ross

Place of Business, 95 Monument St

W E Bozé M. D.
Medical Attendant

Address, 210 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of able Certificate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death Jan 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Carpenter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 Yr *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Chuck

Place of Death, {Give street and Number.} 82 Church Ln

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shall St Cemetery

Date of Burial, January 30

Undertaker, H Coss

Place of Business, Edmondson Ave

Wm P Ellis M. D.
Medical Attendant.

Address, 813 Eighteen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Balti

Permit No. 63878

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or account if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, January 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherin Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *~~Months,~~* *~~Days.~~*

Color, Colard

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooking

Birthplace, {State or Country and how long in the United States, if of foreign birth.} South Carline

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number.} No 237 South Eutow St

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 29

Undertaker, H Ross

Place of Business, 95 Monument St

H Hebert M.D.
Medical Attendant.

Address, No 36 Davis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6379 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28 1883

Full Name of Deceased {Write legibly and spell correctly. If an Infant of parents.} Samuelli Mantia

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and Number.} 149 N. Gay St

Cause of Death, First, (Primary,) Heart - Disease

Second, (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Hebrew Cemetery

Date of Burial, January 31st 1883

Undertaker, Wm. Elsas

Place of Business, 101 Gough St

H. Elko M. D.
Medical Attendant.

Address, 143 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6588 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of such person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 31 1883

Date of Death, Jan 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamil C Gerhardt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Smith fld N C

Duration of Residence in the City of Baltimore, 16 Yrs

Place of Death, {Give Street and Number.} 847 N. Bond st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of Last Sickness, several yrs

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Jan 30 th

Undertaker, H. C. Windefeld

Place of Business, 90 Greenmount

M. B. Billingslea M. D.
Medical Attendant.

Address, 23-6 E Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore

Permit No. 63887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 29 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan. 28th.

Full Name of Deceased, { If a child not named, give names of parents. } (Female) C. N. Wilson

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* —— *Months,* ——

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Book Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } 270 Lexington St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption Lungs

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 1. 1883.

Undertaker, Henry W. Jenkins & Son

Place of Business, 210 & 212 Saratoga St *Address,* 2 Cathedral St

H. Stuart M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended him or her during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be known, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; and deaths and births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63882 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday, Jan. 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edith Fowler

Sex, Male or Female, {required in this line.} Female

Age ... *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 242 Greenmount Ave.

Cause of Death,
First, (Primary,) Lack of Vitality owing to Prematune Birth
Second, (Immediate,) Catarrhal Inflammation of Lungs

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, York, Pa.

Date of Burial, Jan 30 th

Undertaker, H. C. Widefeld

Place of Business, 90 Greenmount Ave

Wilmer Dinsmore M. D.
Medical Attendant.

Address, 257 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65883 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower,

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 121 E. Monument St

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 31st

Undertaker, H. C. Weidefeld

Place of Business, 90 Gaurnant Ave

Selma H. Hamilton M. D.
Medical Attendant.

Address, 36 Gaurnant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore.

Permit No. 65884 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~correctly filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ~~decease~~ occurred, or ~~must~~, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
JAN 29 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

1 [illegible] th 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Steredore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 203 S. Wolf St.

Cause of death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan 31st 83

Undertaker, J. C. Schmidt

Place of Business, 266 Alice Anna St *Address,* 1 S. Broadway

Jno. S. Lynch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

12004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1883

Full Name of Deceased, {Give name and surname correctly. If an infant not named, give names of parents.} [illegible]

Sex, ~~Male~~ Female, {Cross out the word not required in this line.} F

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} 46 north Gilmor St,

Cause of Death, {First (Primary,) "Atrophy"} {Second (Immediate,) Convulsions}

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Hampton Balto Co.

Date of Burial, Jan. 31 1883

{Undertaker, J. B. Rook} {Place of Business, 707 W Balto St}

Physician, H. Rotterstein Lovenb M.D.

Address Woodberry Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

No. 6588 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant of parents, give} Frank Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 98 Henrietta St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial. Jan 30 1883

Undertaker, S W Chase

Place of Business 198 Howard St

W S Boozl M.D.

Medical Attendant.

Address, 210 Shroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 16887 Office of Registrar of Vital Statistics, 188

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE DEPT. JAN 30 1888 BALTIMORE

Date of Death, Jan 29 1888

Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Infant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 13

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 121 Louisa

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Jany 30

Undertaker, J Jaeck

Place of Business,

Geo. H. Simm M. D.

Medical Attendant.

Address 124 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 63888 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 30 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1883

{Write legibly and spell} {first names, given names of parents.} Elizabeth M. Rolfe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia U.S.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 187 Eastern avenue.

Cause of death, First, (Primary.) Consumption & Valvular disease of heart

Second, (Immediate,) Failure of circulation

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1883

Undertaker, J. J. Locke

Place of Business, 423 Fleet

Jno. L. Lynch M. D.
Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 03887 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *see readily filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Brumfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age 47 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Poland Sept 24 ~~Balt. Md~~ Canada

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 377 E. Lombard st.

Cause of Death, First, (Primary,) Pneumonia w/ pleurisy

Second, (Immediate,) Laryngitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, 30th

Undertaker, W. Leipsel

Place of Business, 1375 Bond st

G. Glauville, Clerk M. D.
Medical Attendant.

Address, Balt. & Park. sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, and will be required to do so sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Griffin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, Months, Days.

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 Boulden alley

Causes of Death, First, (Primary.) Spasms

Second, (Immediate.)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Jan 29 83

Undertaker, Alex Hennaly

Place of Business, 116 Orchard St Address, 92 Madison St

C. Fawcett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6387 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or account if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883

CERTIFICATE OF DEATH.

Date of Death, January 29. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Godwin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Years, 6 *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va - 2 yrs.

Duration of Residence in the City of Baltimore, 32 Sheffield Al

Place of Death, {Give street and number.}

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) 11 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Middle River Baltimore County Md

Date of Burial

Undertaker, Denny & Fitchett

Place of Business,

John D. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 63892. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

JAN 30 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophie Hatfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 Years Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 223 S. Charles

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Endocarditis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Park Cem.

Date of Burial, Jan 30th 1883 Thos. Buchanan M. D.

Medical Attendant.

Undertaker H. Lewis Schaefer

Place of Business, 109 N. Fremont Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63893 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as he is requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 30 1883

Date of Death, 29 day of January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Minsterman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 months *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State of country, and now long in the United States, if of foreign birth.} 220 Bethle st Balto City Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 20 S Bethle st

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Evangelists Cem

Date of Burial, June 30 1883

R W Mansfield M. D.
Medical Attendant.

Undertaker, H. Scangler & Son

Place of Business, 252 Lemmon Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6 3 8 9 7 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ... hours, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 9 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie Cumberland

Sex, Male or Female, {Cross out the word not required in this line.} Female

3 Years, 3 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Fayette & Madeira Alley E. H. Co

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) ...

Duration of Last Sickness, Since Jan 20th Saw it for the first time on Sunday.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 30 1883

Undertaker, John Heinrich

Place of Business, 359 Orleans St

James E Donnelli M. D. Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 63795 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 30 1883

Date of Death, Jan 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Stanton

Sex, Male or Female, {required in this line.} F

Age, ... *years,* ... *months* ... *days*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 60 Williamson

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stanton

Date of Burial, Jan 30

Undertaker G W Perkins

Place of Business,

Geo A Ernst M D

Medical Attendant

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63876 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *as soon as* if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 30 1893

CERTIFICATE OF DEATH.

Date of Death, January 29th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no Christian, give names of parents.} Mamie A. Krames

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~2~~ Years, ~~29~~ Months, 29 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~None~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 167 S Edm st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31 st 93

Undertaker, Bo Beauty

Place of Business, 35 Bank st

D H Cathell M. D.
Medical Attendant.

Address, 2 W Bdwy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimore,

Permit No. 63897 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 30 1883

CERTIFICATE OF DEATH.

Date of Death, January 4th 1883

Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Charles [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male ✓

Age Mont- 35 Years, Months,

Color, Colored ✓

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Southern Police Station

Cause of Death, First, (Primary.) Excessive drink 3 hrs Convulsions

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Jany 28/ 1883

Undertaker, Fred A Kuchmer

Place of Business, 159 S Carrollton

Wm. A. Bell M.D.,

Medical Attendant.

Coroner 2d Dist

Address, 161 E Stiles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63898 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *according to law*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 20 1883

CERTIFICATE OF DEATH.

Date of Death, January 23rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Laughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, Seaman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} England Two days

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Pneumonia Pleuritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Jany 25/83

Undertaker, Dodd & Cochrane

Place of Business, 50 Stockton

C. H. Mitchell
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6879 *Office of Registrar of Vital Statistics.* Ward 15

attended any person in a last illness, is responsible for the presentation of this

or to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased,

Required so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Lloyd Green

Sex, { Cross out the word not required in this line. }

Age 5 *Years,* 9 *Months,*

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1805 Howard ave

Cause of Death, { First, (Primary,) ; Second, (Immediate,) } Small Pox.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shanfield

Date of Burial, June

Undertaker, Myers

Place of Business,

Dr. J. Dawson

Address, 1805 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics. With

... who attended any person in a last illness, is responsible for the presentation of this ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ... required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Pf

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 Years, Months,

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if a foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 102 S Duncan alley

Cause of Death, {First, (Primary,) old age

{Second, (Immediate,)

Duration of Last Sickness, One year

(Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan 30th 1883

Undertaker, Caspar E Scharett

Place of Business, 269 Caston st

R W Mansfield
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to certify within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

1883 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended the [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rosenbergen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* [illegible] *Months* [illegible]

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} No 126 S. Regester st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Cat. Souls Cemetery

Date of Burial, Jan 30th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton ave

Thomas B. Evans, M. D.
Medical Attendant.

Address, 22 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6290 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. '83

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Sapp

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 143 Eiler St.

Cause of Death, First (Primary), hered. Syphilis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29 '83

Undertaker H R Sons

Place of Business, 1st Lombard

C H Goodwin M. D.
Medical Attendant.

Address, 1738 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2, *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63703 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *as soon as possible*, to the person intending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN. 30 1883

CERTIFICATE OF DEATH.

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Louisa Beckett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 265 Montgomery St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30 1883

Undertaker, H Ross

Place of Business, 95 Conway St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
W Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63904 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

JAN 1883

Date of Death, Jany 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Symanski

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 2 4 Ears

Place of Death, {Give street and Number.} 168 Canton av

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) " "

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, E. P. Cemetary

Date of Burial. Jan 29 1883

Undertaker, Michael Coleman

Place of Business,

Wm H Green M. D.

Medical Attendant.

Address, 1 Exeter Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth (as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 63/05 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Green

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, abt 4/3 *Years,* — *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 Duncan Alley ✓

Cause of Death, First, (Primary,) 1 Heart Disease

Second, (Immediate,) 2 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial 6 Ballo Public Cemetery

Date of Burial, Jan 29

Undertaker, Jn Colman

Place of Business, City Hall

Chas M. Morfit M. D.

Coroner E.D. (Medical) Attendant.

Address, 67 East Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 63706 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 30

CERTIFICATE OF DEATH

Date of Death, January 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Kenna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 5 5 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Sailors Home Lowe off Sharp st.

Cause of Death, First, (Primary,) congestion of Lung

Second, (Immediate,)

Duration of Last Sickness, abt 48 hours

All the above information should be furnished by the Physician.

Place of Burial E Balto Publick Cemetery

Date of Burial, Jan 30

Undertaker, Wm Colman

Place of Business, City Hall

Wm H Moffat M. D.
Medical Attendant.

Address, 67 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63167 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or such time as may be required by the Board of Health, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883

CERTIFICATE OF DEATH

Date of Death, Jany 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McShany

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Portsville Pa

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} 172 Canton Avenue

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks B. Y.

Date of Burial. Jany 29 1883

Undertaker, Michael C Heenan

Place of Business,

Jno. F Dunn M. D.
Medical Attendant

Address, [illegible]
Health Commissioner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6 3 7 0 5 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1883

Full Name of Deceased {Write legibly and spell correctly. If an Infant of parents.} Johanna Sacka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Nineteen yrs

Place of Death, {Give street and Number.} 23 Gough St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jany 31 1883

Undertaker, Ma. C. Baigan

Place of Business, 74 S. Bond

G. G. Lusk M. D.
Medical Attendant.

Address, Bath & Med. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 63907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correct, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29 = 1883

Full Name of Deceased, {Write legibly and spell not named, give names of parents} Mary Hill

Sex, Mulatto Female, {cross out the word not required in this line.}

Age, 87 Years, 10 Months, = Days

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland =

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} Rear 18 Lombard, between Eutaw & Marshall

Cause of Death, {First, (Primary.) Marasmus, Senilis

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Bg. Monroe & Fremont Sts

Date of Burial, Jan. 31. 1883

Undertaker, [illegible]

Place of Business, 74 S. Conway

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6590 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. JAN. 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Cruchman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, and now long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, Forty-five yrs.

Place of Death, {Give street and Number.} 561 E. Fayette st.

Cause of Death, First, (Primary,) Anasarca

Second, (Immediate,) Hydrothorax

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jan 30th 83

L. L. Lusk M. D.

Undertaker, M. A. Daiza

Place of Business, 74 S. Bunday *Address,* Balt. [illegible]

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63711 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 1 '80

Date of Death, Jan 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Amon Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 141 Clement st

Cause of Death, First, (Primary,) Measles

Second, (immediate,) Congestion Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, Jan 30

Undertaker, W A Dayer

Place of Business, ...

E W Fenny M. D.,
Medical Attendant.

Address, 216 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 63912 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 29: 11½ A.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalene Beck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 25 & E Pratt St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Paralysis

Duration of Last Sickness, Since Jan 19: 1883

All the above information should be furnished by the Physician.

Place of Burial, N. E. B. Y. Phil. Rd

Date of Burial, Jan. 30 /83

Undertaker, H. A. Daye

Place of Business, 74 S. Bury

James E. Donnelle M. D.
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No 6393 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, and requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883

CERTIFICATE OF DEATH

Date of Death, Jan 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Wm Henry Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days.*

Color, Col'd

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~Scholar~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Two yrs & 10 Mo's

Place of Death, {Give street and Number.} 19 Linden Ave

Cause of Death,
First (Primary),
Second (Immediate) ~~Pneumonia~~
Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 30th 1883

Undertaker Chas A White

Place of Business, 35 Granby St

A Brigel Shertzer M. D.
Medical Attendant.

Address, 11 E. Lex

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6391 H Office of Registrar of Vital Statistics. Ward

The Physician who attended [illegible] in [illegible] illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 30 1893

Date of Death, January 20th 1893

Full Name of Deceased, {Write forcibly and carefully correctly. If an infant not named, give names of parents.} John Stone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} No 11 [illegible]

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Jan 30th 93

Undertaker, A. Kuhlmann

Place of Business, 244 E Lombard *Address,* [illegible]

J. H. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6394 — *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January the 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magie Thompson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge County Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 291 S Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Comptsumtion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Lamel

Date of Burial, Jan 31

Undertaker, H. Ross

Place of Business,

Jos H Benson M. D.,

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6596 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Robert Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 245 Howard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1883

Undertaker, Chas. P. Chase

Place of Business, 198 S. Howard St.

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 6397 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 30 1883

Date of Death, Jan 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ezekiah Handy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Va

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 131 York St.

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 2 weeks

All the above information to be furnished by the Physician.

Place of Burial W P St Cemetery

Date of Burial, Jan 30th 1883

Undertaker F. Kerchner

Place of Business, 102 Lee St *Address,*

Yr Gorsuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 63916 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 2 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, Jan. 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant the name of parents.} Viola Otter Rush

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 3 *Months,* 5 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 411 S. Trad

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 da

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan. 31, 1883.

Undertaker, Jno. A. Dargan

Place of Business, 74 S. Broadway

J. Tustin M.D.
Physician or Attendant

Address, 240 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6379 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 30 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30/93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia W. Austin

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* 7 *Months,* 11 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and Number.} 97 E Chester St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 1st 1893.

Undertaker, M. A. Gorman

Place of Business, 714 E. Bdwy Address, 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. L. Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Maine~~ Germany 20 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 57 Hanover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7th day

All the above information should be furnished by the Physician.

Place of Burial, Har Simon

Date of Burial, Feb 3rd

Undertaker, Chas. Hasson

Place of Business, 196 E. Baltimore St

A. J. Mahon M. D.
Medical Attendant.

Address No 136 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66921 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death Jan 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Barthaus

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 15 Peach alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 30

Undertaker, H Kershner

Place of Business, ...

Jas. F. Ingram M. D.

Medical Attendant.

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 69722 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Letha Gardner

Sex, whether Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 360 West St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Px

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, WP

Date of Burial, Jan 29

Undertaker, F Kerchner

Place of Business, ...

Geo H. Simon M. D

Physician or Undertaker

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65923 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29

Full Name of Deceased, {If married or widow, give name in full; if infant not named, give names of parents.} [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Lesters Ct.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Sudden Pty

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 30

Undertaker, J Kerchner

Place of Business, ...

Geo L Dunn M.D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6,3924 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certific[illegible]

HEALTH DEPARTMENT JAN 30 1883

CERTIFICATE OF DEATH

Date of Death Jan 28, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julian Schitzax

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Lifetime

Place of Death, {Give street and Number.} S. Amstadt 296.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 31 83

Undertaker, W. Lippel

Place of Business, 157 S. Bond St

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 1,725 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certi...

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 30 1885 BALTIMORE, MD.

Date of Death, Jany 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Philip Small

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* ... *Months,* ... *Days.*

Color B

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 Manns Court

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W B & L Cem

Date of Burial, Jany 30th 1885

Undertaker, F. A Kirchner

Place of Business, 50 S Gay St *Address* Com of Health

Geo. H. Benson M.D.

Health Officer

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 63926 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30

Full name of Deceased, { If male, child, give name of parents. } Boy Co

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 70 W Belcowe alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harper

Date of Burial, July 31

Undertaker, Geo Coss

Place of Business,

Geo H Brown M. D.

Medical Attendant

Address, Bm Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63927 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th January 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, one *Years,* 6 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 168 S. Howard St.

Cause of Death, First, (Primary,) Variola discreta

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 31

Undertaker, H Kirchner

Place of Business,

L. D. Dyer M. D.

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 63728

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 31 1883

Date of Death, January 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Ernest P. Hollihand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 401 N. Gilmor St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Feb 1st 1883

Undertaker, Henry W. Inman

Place of Business, 46 N. Gay St

M. D.

Medical Attendant.

Address, 5 Franklin St.

Received

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or in the absence of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6372 9 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa F. Emrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Clerk in store

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Etna Lane

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,) Typhoid Infection

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31st 1883 D. M. Cathell M. D.

Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Eutaw St *Address,* 211 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63930 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 31 1883

Date of Death, Jan 30th 1883.

Full Name of Deceased, {Write plainly and correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]time

Place of Death, {Give street and Number.} No 219 S Dean

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Jan 31st 83

Undertaker, G. Evans

Place of Business, Boots & Wells *Address,* [illegible]

J. Hewett, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

Board of Health, City of Baltimore,

Permit No. 63731 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JAN 31 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, 30 Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna J. Thein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 Years, 7 Months, Days

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hildesheim Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} Park Ave 82

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 1 Jan. 1883

Undertaker, J. Schnitheis

Place of Business, 159½ Hillen St. Address, 120 Park Ave

R. H. Kelbmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65932 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 31 1883

Date of Death, Jan. 30 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Jefferson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 402 East av.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jan 31th 1883

Undertaker, Gaspar Eckhardt

Place of Business, 269 Canton Ave

R. M. Marshall M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63933 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} John H. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 32 Burgundy alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Shark's

Date of Burial, Jany 31/ 1883

Undertaker, Wm H. Cassell

Place of Business, 6 Howard st

L. M. Hoen, M. D.
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63734 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mich Hilty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 2 *Months,* 28 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} 75 & Calvert Lane

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 1st 1883

Undertaker, Henry H Mitchell

Place of Business, 615 S Broadway *Address,* 615 S Broadway

D. R. Richardson *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63936 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 31 1883

Date of Death, Jan 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Lucheim

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 42 George st

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Prostration

Duration of Last Sickness, 7 Months

At the above information should be furnished by the Physician.

Place of Burial Lauden Park Cem'y

Date of Burial, Jan 31st 1883

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, L. Haas

Place of Business, 317 Bilbury st *Address,* 166 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63736 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 31 1893

Date of Death, January 31. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green

Male, White or Female; {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State if born in this country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 y. alley

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 31

Undertaker, H Ross

Place of Business, 95 Conway St

W. S. Booze M.D.
Medical Attendant.

Address, 210 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 63737 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1883

CERTIFICATE OF DEATH.

Date of Death, Jan'y 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 7 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 120 S. Allendale Ave.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Jan'y 31st 1883

Undertaker, G. Hauer

Place of Business, Paul & Shoffstall Address Bd. of Health Registrar

Geo. H. Finch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63938 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, January 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane. Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Erysipelas of Throat

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 31st/83

Undertaker, J. L. McCoy & Co

Place of Business, 27 W. Fayette St *Address,*

J. Fraser Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63939 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Timmons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 37 N. Eutaw

Cause of Death, First, (Primary,) Cancer of Liver

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, June 1/83

Undertaker, Lucas & Mitchell

Place of Business, 5 Bolton Square *Address,* 121 W. Lexington

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63740 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State on country, and now in the United States, or foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 Pleasant alley

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Laryngitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan. 27th 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

James L. McShane M. D., Medical Attendant

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special attention is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6594 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 31 1893

Date of Death, Jan 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie E Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 W Lanvale

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 31

Undertaker, H Rose

Place of Business,

Jas W Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health. City of Baltimore,

Permit No. 63942 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1 1893

CERTIFICATE OF DEATH.

Date of Death, January 31 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A Hamner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Acute Gastritis

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Charles Hall Cemetery

Date of Burial, January 31st 1893

Undertaker, John Lotz

Place of Business, 166 Park Ave

H. Jarrett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63943 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae —

Date of Burial, Jan. 31st 1883.

Undertaker, Pat. Hunt.

Place of Business, Irwin & Townsend

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem & Calhoun sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6394 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 30 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Snyder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 132 N. Central Ave

Cause of Death, First, (Primary,) Phthisis Pulm

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery on Harford Road

Date of Burial, Feb 1st

Undertaker, Goodchilling

Place of Business,

Irving Miller M. D.
Medical Attendant.

Address, 17 E Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63746 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 30, 7:30 A.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Harrold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 197 S. Bethel St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby 1st 1883

Undertaker, H. Saunders Son

Place of Business, 262 Eastern Av

James E. Emmelle M. D.,
Medical Attendant.

Address, 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63946 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or not, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no' named, give names of parents.} Alic Jackson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,*

Color, b

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 1 S. Bethel St

Cause of Death,
First, (Primary,) Smallpox
Second, (Immediate,) " "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E Pr Cemetary

Date of Burial, Jay 30 1883

Undertaker, Michael Coleman

Place of Business,

Geo H. Dixon M. D.
~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 63941 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Edwd King,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 yrs *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 387 W. Lombard St.

Cause of Death,
First (Primary),
Second (Immediate). Confluent Small-pox.

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial Jan 31

Undertaker J B Cook 207 Balto

Place of Business, 207 Baltimore

George H Rohé, M. D.
Medical Attendant.

Address, 95 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 63948

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 1883.

Full Name of Deceased. {Write legibly and spell; not named, give names of parents.} Ed. T Ward,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Editor,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Two Years.

Place of Death, {Give street and number.} 35 Argyle ave,

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Rheumatism.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Centreville Md. P.R.R.

Date of Burial, Feb 1 1883

Undertaker, J B Cook

Place of Business, 707 W Balto St, *Address,* 532 N Eden St.

Jno Chambers M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6394 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age; ..... *Years,* ..... *Months,* ..... *Days,*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... 1883

Undertaker, ...

Place of Business, ... *Address,* .....

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 63950 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Hall

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and Number.} 57 Charleston St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 31st

Undertaker, Wm G Day

Place of Business, 62 N Eutaw

Geo H Dennis M. D.
Medical Attendant.

Address 811 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, February 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mathias Gormley Sr

Sex, Male or Female, {Cross out the word not required in this line.} Mail

Age, Years, 68 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number.} 785 Baltimore Street

Cause of Death, {First (Primary,) Consid erpneumatean of Kidneys

{Second (Immediate,) ——

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem,

Date of Burial, Feb. 3d 1883

{Undertaker, J. B. Cook

{Place of Business, 707 W. Balto St

Calvin Blair M. D.
Medical Attendant.

Address 668 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Reverse of Sheet, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63952 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kuhlutz

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Well Digger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 218 Bond St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Suffocation

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 2d 1883

Undertaker, John Thacher

Place of Business, No 150 London

A. McCoburn M. D., Medical Attendant

Address, 849 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63983 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1893

CERTIFICATE OF DEATH.

Date of Death, January 29 1893

Full Name of Deceased, {If child unnamed, insert "unnamed," give names of parents.} James Price

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 45 Valley St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Hemoptysis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cemetery

Date of Burial, February 1st

Undertaker Henry W. Mears

Place of Business, 5 N. Eay *Address,* 17 N Eaton

Geo B Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 63757

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babette Steinhard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* 2 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 64 Years

Place of Death, {Give street and Number.} 32 E Read° St

Cause of Death, First, (Primary,) Cancer of womb

Second, (Immediate.) Marasmus

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew

Date of Burial, Feb 1st 1883

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A. P. Lucas M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 63955 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hunt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and Number.} 63 Courtland

Cause of Death, First (Primary), Small pox

Second (Immediate) Pneumonia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feby 1/83

Undertaker, Mc Colvans

Place of Business, Canton

Lewis Reynolds M.D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63966 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, - ales life

Place of Death, {Give street and Number.} 146 S. Caroline

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) do

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 1 Feb 1883

Undertaker, John R. Golueh

Place of Business, 265 Aliceanna

G. A. Volmer
Medical Attendant.

Address, 86 S Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6396-7 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

CERTIFICATE OF DEATH. 1883

Date of Death, 31st January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Sneeds

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 763 Fremont St.

Cause of Death, First, (Primary,) Variola discreta

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 1 1883

Undertaker, H Ross

Place of Business, 95 Lombard St

L. D. Dyer M. D.
Medical Attendant

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 6 3 9 1 8 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, January 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schaffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 43 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glass blower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Princeton N.J.

Duration of Residence in the City of Baltimore, about 4 weeks

Place of Death, {Give street and Number.} 133 Ridgley St

Cause of Death, First, (Primary,) Gall Stones Chronic internal hemorrhage + fracture of the Skull

Second, (Immediate,)

Duration of Last Sickness, about 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial, Feb 1st 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Gross *Address,* 101 S. Sharp St.

L. A. Bell M. D.

Medical Attendant

Coroner's Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63959 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 31. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Gilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation, ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 395 N. Central Ave.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) .....

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 2nd

Undertaker, Geo. Schilling

Place of Business, ...

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Carolina st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Catherine F. Dailey

~~Sex, Male~~ or Female, {cross out the word not required in this line.} W.

Age, 75 *Years,* 5 *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 368 Lanvale St

Cause of Death, First, (Primary,) Senile Capillary Bronchitis.

Second, (Immediate,)

Duration of last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 2nd

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business,

Address, 402 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form 1.
WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63961 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1 2 1883

Date of Death, January 31. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Homan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wiesbaden. Germany

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} 290 N. Bond St.

Cause of Death, First, (Primary,) Disease of heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, February 4th 83

Undertaker, George Schilling

Place of Business, Carrollton Ave. & Augusta

Geo. A. Hartman M. D.
Medical Attendant.

Address, 303 S. Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 63962 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Richenski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 108 Shakespeare St.

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 4th 83

Undertaker G. Frame

Place of Business, Davis & Welty

John H Rehberger M. D.
Medical Attendant.

Address, 214 Lee Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6396 3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1883

CERTIFICATE OF DEATH.

Date of Death, A Feb 9th Jan 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Died~~ Sophia Goslebpet

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 260 Alley Penna

Cause of Death, First, (Primary,) Membranous croup

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist

Date of Burial, Feb 10 83

Undertaker, G. Frame

Place of Business, Bantz & Wolf

R W Mansfield M. D.,
Medical Attendant.

Address, 117 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63964 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Stuckard

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 70 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cartdriver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 192 Eastern ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) do

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 1st

Undertaker, M. Sentzel

Place of Business, 1508 Bond st

G. D. Thune M. D.
Medical Attendant.

Address, 86 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63965 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

1883

Date of Death, Feb 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* *Days,*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1238 Bank

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 24

Undertaker, W. Dippel

Place of Business, 1512 Bond st

T. Kelly M. D.
Medical Attendant

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

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Permit No. 63966

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB

CERTIFICATE OF DEATH

Date of Death, Jan 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Jones

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 41 Lucy St

Cause of Death, First, (Primary.)

Second, (Immediate.) Small Pox

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 1 1883

Undertaker, William H. Dugee

Place of Business, 62 Court St.

Geo. H. Doub M.D.,

Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 63967 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 1883

Date of Death, January 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Lewis Tunnell

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, Black.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant.

~~*Birthplace,*~~ {State or country, and how long in the United States, if of foreign birth.} Essex Co. Virginia.

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and Number.} No 10. Fountain Court.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Consumption

Duration of Last Sickness, about Three years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Apr 1 1883

Undertaker, William Munger

Place of Business, No 61 East St

Truman F. Hill M. D.,
Medical Attendant.

Address, Cor Calhoun & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68968 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit can be Granted for any Interment [illegible]

1883

CERTIFICATE OF DEATH.

Date of Death, Jan 30 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Jr Waltmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 12 Hamburg Lane

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Jan Fry 1 1883

Undertaker, G Lowes

Place of Business, No 371 Mulb St

H F Hice M. D.
Medical Attendant.

Address 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6396 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1 1888

CERTIFICATE OF DEATH.

Date of Death, January 31st 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C. Coolidge

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ Years, 7 Months, 15 Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 47 Little Elbery Alley

Cause of Death, First, (Primary,) Tuberculer Meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 1 1888.

Undertaker, John Sherwood

Place of Business, 382 Columbia Ave *Address,* [illegible]

Wm Cooper Cochran M. D.
Medical Attendant.
Address, 8 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 63970 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 12 1903

Date of Death, Feb 1

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Stallon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 258 Columbia Ave

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Tonsilitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feb 4

Undertaker, J B Coombs

Place of Business,

Geo F Donnan M.D.
Medical Attendant.

Address, 5 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63911 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 3 Parkins alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial. Feb 5

Undertaker A Yensley

Place of Business .....

Geo. H. Denson M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Special Attention of Physicians Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6397 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1 1883

Date of Death, January 31

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cooley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 251 E Fayette St

Cause of Death, First, (Primary,) ?

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, February 1st

Undertaker, Cooley

Place of Business,

Geo. H. Emmert M.D.

~~Medical Attendant.~~

Address, Cor Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63973 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, January 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha B. Fisher

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and Number.} 208 S. Charles St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Small Pox

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feby 1/83

Undertaker Furey & Mitchell

Place of Business, 515 W Fayette St

Jas. R. Dinsmore M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended said deceased during the illness from which the death occurred, or who first becomes aware that the case comes under this notice, to fill within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63974 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit can be Granted for an Interment without a Proper Certificate.

FEB 11 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 31 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 288 Argyle Ave

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 2nd 1883

Undertaker, Chas I Scriven

Place of Business, 211 E Eutaw St Address

H J Monck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Purnome

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 85 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 7 & Hollins

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ever Green Cemetery

Date of Burial, Feb 1 83

Undertaker, Thos. a White

Place of Business, 35 Gay alley

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] PRINTERS AND STATIONERS.

Special Attention of Ph... respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 68976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Brown Md

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 56 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 271 Lanvale Ave

Cause of Death, {First, (Primary.)} Dis: of Heart

{Second, (Immediate.)} of

Duration of last Sickness, about 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 2nd 1883 J. Donaldson M. D

Medical Attendant.

Undertaker, STEWART & MOWEN

Place of Business, UNDERTAKERS, 56 Park Ave. Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63977 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan J. Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and Number.} # 185 Henrietta St

Cause of Death, {First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 5 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 1 1883

Undertaker, S. Prichard

Place of Business, Harwood

Address, 160 [illegible]

M. D.

Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63978 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ....

Sex, Male or Female, {Cross out the word not required in this line.} ....

Age, ... *Years,* .... *Months,* .... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} ....

Cause of Death, First, (Primary,) ....

Second, (Immediate,) ....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial ....

Date of Burial .... M. D.,

Medical Attendant.

Undertaker .... Address ....

Place of Business, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 63979 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Newton

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number,} 17 N. Broadway Al.

Cause of Death, First, (Primary,) Pariwla confluens

Second, (Immediate,) Laryngitis

Duration of Last Sickness, 3 hours before Death

All the above information should be furnished by the Physician.

Place of Burial Cem. of Mount Holy Redeemer

Date of Burial, Feb. 2. 1883

Undertaker, John Henneg

Place of Business, 382 Orleans St.

G. G. Rule M. D.
Medical Attendant

Address, Balt. & Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE FEB

CERTIFICATE OF DEATH.

Date of Death, January 31 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrick Dressel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— Years, One Months, ——— Days.

Color, White Sex, Male.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, one Mo.

Place of Death, {Give street and number.} 20 May st

Cause of Death, {First (Primary,) Infantile Convulsions.

Second (Immediate,) 1 day.

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 2 "

{Undertaker, Fred Eade

{Place of Business, 29 S. Caroline st

Signature of Attendant, Martin Leh.

Address 75 S. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and date of death, except in cases of births and deaths of illegitimate children.

No. 63781

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certif.

Board of Health, City of Baltimore,

Permit No. 63781 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 31, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carsten Corning

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 9 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Saxony) 14 yrs in U.S.

Duration of Residence in the City of Baltimore, 14 in Baltimore

Place of Death, {Give street and Number.} 149 Eastern Ave.

Cause of Death,
First (Primary), Old age
Second (Immediate), Paralysis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Feb 4th

Undertaker H. Pfahl

Place of Business, 151 S. Howard St

A. V. Gouverneur, M.D.
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is requested to the Remarks below, and to Life of Infant on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63962 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate. FEB

CERTIFICATE OF DEATH.

Date of Death, Feby 1 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kaufman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 90 Bank

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 1 92

Undertaker, M Dipkell

Place of Business, 151 S Bond St

Geo Phelan M D
Medical Attendant.

Address, 94 O-Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 63988 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Jan 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosana Frank

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 Years, *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Home Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 54 Yrs

Place of Death, {Give street and Number.} 102 S. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate) Adynamia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb'y 2 1883

Undertaker John Tate

Place of Business, 166 Pratt St. *Address,* 11 S. Hoyt St.

A. Brandenburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and the List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63784 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry McElroy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* 10 *Days.*

Color, Colour

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 5 S. Eden Alley

Cause of Death, First, (Primary,) Small Pox (Confluent)

Second, (Immediate,) —

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 2nd

Undertaker, Geo. Schilling

Place of Business, —

Medical Attendant

Address, Cor Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness of the deceased, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

No. 60785

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63986 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 2 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, February 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 167 S. Eden St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 3 d 1883

Undertaker, M Dunn

Place of Business, 35 Bank

D W Cathell M. D.

Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 63986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 Feb 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} An adopted child of Mr W[illegible] Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 Years, 0 Months, 6 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 162 Fairmount ave.

Cause of Death, First, (Primary.) Injuries from Difficult Birth - by F[illegible]

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Feb 3 1893

B. F. Lord
Medical Attendant

Undertaker, John Kenney

Place of Business, 352 Orleans St

Address, 314 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible] is respectfully requested to the Remarks Below, and to Rules of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63987 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB. 1883

CERTIFICATE OF DEATH.

Date of Death, February 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Mary E. Owens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Three *Months,* One *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 239 W. Pratt St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Five Days

All the above Information should be furnished by the Physician.

Place of Burial, Laudenbach Cem.

Date of Burial, Feby 2d 1883

Wm Goudel M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Carrier, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6988 ; *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 17 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 14 Wagner St

Cause of Death, First (Primary).

Second (Immediate). Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 2d

Undertaker H Ross

Place of Business, Holliday St

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63987 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 1 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Ritty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} B, City, 11

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 Redmans ct

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lamil Cemetery

Date of Burial, Feb 2

Undertaker, A Ross

Place of Business, 15 Lombard St

H. Ellis M. D.,
Medical Attendant.

Address, 332 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 2677

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6399 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 2 1883 BALTO.

CERTIFICATE OF DEATH.

Date of Death, February 1 1883

Full Name of Deceased { Write legibly and spell correctly. If an infant of parents. } Thos J Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 17 Montgomery

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 3

Undertaker H Ross

Place of Business, 95 Conway St

Medical Attendant. H C Bay

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6391 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH

Date of Death, Feb 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Webb

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— 72 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 70 N. Paca St.

Cause of Death, First, (Primary,) Mammary Scirrhus

Second, (Immediate,) Pulmonary Hemorrhage from ulcerated [illegible]

Duration of Last Sickness, More than two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, Feby 3/82

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

M. C. Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6392 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 1/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Stillborn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 257 N. Amity St.

Cause of Death,

First (Primary), Atrophy

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 2 83

Undertaker G. Fraser

Place of Business, Davis & Wolfe

H. H. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6393

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6393 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Linn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 226 E Pratt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate) ...

Duration of Last Sickness 5 days

The above information should be furnished by the Physician.

Place of Burial, Pt A Cemetery

Date of Burial, Feb 2 1883

Undertaker L. Frazer

Place of Business, 1 Bentz & Hollins *Address* ... Medical Attendant ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or if the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63994 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1883

Full Name of Deceased, {Write legibly and spell Name, Initial and give names in full.} Christie Field

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 256 Eastern Avenue

Cause of Death,
First, (Primary,) Variola
Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 3rd 1883

Undertaker, G. Frazier

Place of Business, Park & Wolf Sts. *Address,* 68 S. Broadway

Thos. F. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68925 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie L. Barrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Since Birth

Place of Death {Give street and Number.} 46 Chapple St.

Cause of Death, First, (Primary,) Spinal Paralysis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Galt

Date of Burial, Feb 26

Undertaker, Geo Burnick

Place of Business,

Thos J Simms M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63996 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. Feby 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Sieloski

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 2 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 259 S. Bond

Cause of Death, First (Primary), Variola Malign

Second (Immediate),

Duration of Last Sickness, 48 hrs

All the above information should be given by the Physician.

Place of Burial, Bl Cemetery

Date of Burial, Feb 2d

Undertaker W. Leibert

Place of Business, 515 Bond St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6899 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. – 31 – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Strauss

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Year and a half

Place of Death, {Give street and Number.} 288 N Durham St

Cause of Death, First, (Primary) Premature Senile decay and failure of heart –

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 Weeks 5 Days

Place of Burial, Greenmount

Date of Burial, Feb 3 1883.

Undertaker, John Kenney

Place of Business 382 N. Gilmor St

H. F. Lowe M. D.
Medical Attendant.

Address, 128 Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63996 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Mattilda Herbert

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, ____ *Years,* 3 *Months,* 14 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State on country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and Number. } 246 N. Calhoun St.

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) Laryngitis 4 Days

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 2 A. Richter M. D.

Undertaker, Walter Imandt Medical Attendant.

Place of Business, 315 W. Baltimore *Address,* 52 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63799 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 2 1883

Date of Death, January 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bruch

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 51 *Years,* — *Months,* — *Days*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 88 Towson St. Locust P.

Cause of Death, First, (Primary,)

Second, (Immediate,) Excited

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, February 4

Undertaker, B. Hull

Place of Business, 82 West St

A. L. Dashiell Jr. M.D.

Medical Attendant.

Address, 247 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention ... to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 64004 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* ... *Months,* ... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 150 Vine St

Cause of Death, First, (Primary,) Uremia. Natural Causes.

Second, (Immediate,) Cramps Colic.

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Ar...

Date of Burial, February 2 1883

Undertaker, C. S. Wenase

Place of Business, 198 S Howard St

Alexander Tarsley M. D.
Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6400

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is ~~responsible for~~ the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bates

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 62 Essex St

Cause of Death, First, (Primary.) Morbus Brightii

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Feb. 3d 1883

Undertaker, H. Sanderson & son

Place of Business, 262 Canton Ave

Signature of Physician, M.D.

Medical Attendant.

Address, 12 East Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Shafoline

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 424 Aliceanna St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small-pox

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pleasant C.

Date of Burial, Feb. 2, 1883

Undertaker, H. Sanderson

Place of Business, 262 Canton Av

Edward R. Ward
Medical Attendant.

Address, 248 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Keepers of Cemeteries are ... the Undertaker or the Office of ...

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15-

Board of Health, City of Baltimore,

Permit No. 64005

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, July 22 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie Ford

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* ... *Months,* ... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. }

Occupation, Nine

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Pennsylvania 20 years

Duration of Residence in the City of Baltimore, 132 Mch

Place of Death, { Give street and number. } Small Pox Asylum

Cause of Death, First, (Primary.) 9 days

Second, (Immediate.)

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2 1883

Undertaker, Armstrong & Denny

Place of Business, 268 Light St

N. H. Dodge M.D.

Medical Attendant.

Address ... Haven St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries ... for Burials ... the Office whence issued. Saturday ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 64007 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2

Name, {Write legibly and spell; if unknown, give names of parents.} Mary E. McKenny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 14 *Days,*

Color, BLK

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and Number.} 182 Hughes St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St. Cemetery

Date of Burial, February 3

Undertaker, H. Ross

Place of Business, 95 Conway St.

M. D. Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6400[illegible] Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, February 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wash Holly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 194 Warren St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 3

Undertaker H Ross

Place of Business, 95 Conway St

W. S. Booze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Duplicate to the Office whence issued. No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 64006 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 2 1883

Date of Death, Feb. 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Koch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* *Days,*

Color, W.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and Number.} S.E. cor. Lombard & Schroeder St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 7 days

Give these information should be furnished by the Physician.

Place of Burial, Balto Co.

Date of Burial, Feb. 4. 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

C. F. Neff M.D.
Medical Attendant.

Address, 306 N. Eagle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64007 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 2 1883

Date of Death, Feby 2 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Laura Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 1 *Years,* *Months,* 3 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 90 Bank

Cause of Death, First, (Primary,) Varola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 2 86

Undertaker, W. Dipple

Place of Business, 117 S Bond St

D L Griffith M. D.
Medical Attendant.

Address, 90 Bank

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 21. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6400 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant mention name, sex and age of parents.} Albert Eichenzweig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Six Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 31 S Broadway

Cause of Death { First, (Primary.) Exhaustion
, { Second, (Immediate.) Convulsions

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Sinai Cemetery

Date of Burial, Feb 4th 1883

Medical Attendant, A Buddemeier

{ Undertaker, Wm Elam
{ Place of Business, 101 Gough St Address, 88 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

for Burials, to the Office where issued

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 64079 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1893

CERTIFICATE OF DEATH.

Date of Death, Feb'y 2. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Schmidt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 169 E. Fayette St.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Uremia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Govans Cem'y

Date of Burial, Feb 6th

Undertaker, Cockeran & Co

Place of Business, Fayette & Paca Sts

J. W. Hancock M. D.
Medical Attendant.

Address, 753 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 64010 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Col C. R. Hogan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Proprietor of Hotel.

Birthplace, { State or country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and Number. } Maltby House

Cause of Death, First. (Primary,) Pleuro Pneumonia

Second. (Immediate.) Heart Clot.

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 5th Feb 1883

Undertaker, H W Lupkins & Son

Place of Business, 84 W. Saratoga St

C. O'Donovan M.D.
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brock

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 130 W. Lanvale St

Cause of Death, First (Primary,) Senile Gangrene

Second (Immediate,) Cardiac Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 3rd Feb. 1883

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts.

J. Jr. Chew

Medical Attendant.

Address 141 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of ... invited to th...

Board of Health, City of Baltimore,

Permit No. 64012 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, February 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1110 Aisquith Street

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 3rd 1883

Undertaker, Wm. F. Wheeler

Place of Business, 195 E. Monument

Medical Attendant, Dr. Wm. Gill M. D.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6401 3 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, 1st Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 147 Pierce St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 2 d

If the above information should be furnished by the Physician.

Place of Burial, Church of Ascension

Date of Burial, Feb 6 1883

Undertaker, Wm Hennelly

Place of Business, 116 Gardenard St

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6401/4 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, 18 mos —

Place of Death, {Give street and Number.} 19 Little Pine al.

Cause of Death, First, (Primary,) Scarlatina —

Second, (Immediate,)

Duration of Last Sickness, 5 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 5 1883

Undertaker, William Bowyer

Place of Business, No 62 East 8th st

Chas. H. Riley M. D.
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

for Burial, to the Office where

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64015 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 Feb/

Full Name of Deceased, { Write legibly and spell correctly; if not named, give names of parents. } Wm Steward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 214 N Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, 10 Feb

Undertaker, W W Dwyer

Place of Business,

Geo H Guard M D
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 64016

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Fredericks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 186 E Lombard

Cause of Death, First, (Primary.) Small Pox

Second, (Immediate.)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 12 1883

Undertaker, John Hennig

Place of Business, 342 Lombard St *Address,*

H O Hooks M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 6417 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, January 31 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Lawson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~ { Cross out the word not required in this line. } ✓

Occupation, Seaman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } MD

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } At Jos Hospital

Cause of Death, First, (Primary,) Acute Gastritis & Dysentery

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ?

Date of Burial, Feb 2

Undertaker, W Coulson

Place of Business, ...

W W Gilchrist M D
Medical Attendant.

Address, At Jos Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 64018 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fertig

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 1 Bond St

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Chronic Croup

Duration of Last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, Feby 24 1883

Undertaker, H. Gehrmann

Place of Business, Address, 86 S Eutaw St

C. G. Dohmann M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Letter

Board of Health, City of Baltimore,

Permit No. 6819 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Salem

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 112 Scott St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Heart Disease

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial Sunday 4th Feby

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt Street

J. W. Clark M. D.
Medical Attendant.

Address, 180 Hallow Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Minnie Lenora Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... Years, 17 Months,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Greens Court

Cause of Death { First, (Primary.) Small Pox
Second, (Immediate.)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 3

Undertaker, B. Hall

Place of Business, 41 West St

Robt S. Rose
Medical Attendant

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or if the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 64021 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 3 1883

Date of Death, February 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia E. Thumper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 650 N. Baltimore St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, February 4

Undertaker, J. Hurle

Place of Business, 42 West St

R. L. N. Tall M. D
Medical Attendant.

Address, 152 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, 2nd February 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph E Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 South Avenue

Cause of Death, {First (Primary,) Consumption. / Second (Immediate.)

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 4th 1883

{*Undertaker,* Chas J Scriven / *Place of Business,* 211 N Eutaw St

Geo. J. Collins M. D.
Medical Attendant.
16 S Sharp St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 67023 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anna Heather

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Yrs

Place of Death, { Give street and Number. } 48 the Alderney ct.

Cause of Death, First, (Primary,) Varicella

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cemetery

Date of Burial, Feb 3 1883

Undertaker, John Oberndorf

Place of Business, 352 Canton Av

Medical Attendant.

Address 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians

Board of Health, City of Baltimore,

Permit No. 6702 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Collingwood, Cyrus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 23 *Days,*

Color, ...

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {Place or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Nr. 40, Miller

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 4 83

Undertaker, Geyer Bro

Place of Business, 9 N Charles

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY A FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6402 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, February 2d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant be named, give names of parents.} Theodore William Finlay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three (3) Years, — Months, Fourteen (14) Days,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 62 Milliman Street

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Convulsions

Duration of Last Sickness, Four Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 5 1883. } Wm. H. Pendleton, M. D.,

Medical Attendant.

Undertaker, Luke Hennessy

Place of Business, 350 Orleans St. Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 64026 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mc C

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Yeare,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, no

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and Number.} 175 S Mulberry st

Cause of Death, First, (Primary,)

Second, (Immediate,) Decay of Nature

Duration of Last Sickness, 10 days

At the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feby 3rd 1883

Undertaker, D Guy Mitchell

Place of Business, 58 Bolt Bayard M

A. H. Tuttle M. D., Medical Attendant.

Address, 28 Front st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 6482 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno C Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days,* .....

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} H Penn alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 30

Undertaker, F Kershner

Place of Business, ...

Geo. H. Lucas M. D.
Medical Attendant.

Address Bd of Health

Extract From Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

18

Board of Health, City of Balt[illegible]

Permit No. 64025

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 3 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb 1st 1883

Full Name of Deceased, {Write legibly and correctly. If an infant not named, give names of parents.} James Curtis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, all

Place of Death, {Give street and number.} Rear Brick House Near Washington Road

Cause of Death, First, (Primary.) Intemperance & Exposure

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wash Pub Cemty

Date of Burial, Feby 1 / 1883

Undertaker, Jas A Kachman

Place of Business, 505 Carrollton

Ino Bell M.D.

Medical Attendant

Address, 161 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 64029 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law,

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 3 1883

Date of Death, Feb 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward West

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 179 Gilmor

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 3

Undertaker, J Sander

Place of Business,

Geo W Dunn M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited.

Board of Health, City of Baltimore.

Permit No. 64830 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1863

CERTIFICATE OF DEATH.

Date of Death, February 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Josephine Brant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 2119 E. Fayette St.

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) Congestion of the brain

Duration of Last Sickness, 36 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Feb 4

Undertaker, Henry Magin

Place of Business, 187 Lombard

Jno. S. Lynch, M. D.,
Medical Attendant.

Address, 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 64031 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorani Stivala

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy - Genoa

Duration of Residence in the City of Baltimore, About 25 Years

Place of Death, {Give street and Number.} 136 S. Dallas St.

Cause of Death, First, (Primary,) Chronic Gastritis

Second, (Immediate,)

Duration of Last Sickness, Complaining about four Hours

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. Feb 5

Undertaker, H Dixon & Co

Place of Business, 102 S Paca St

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 64082 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, (3) *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Drug life

Place of Death, { Give street and Number. } 122 Hughes st

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Feb 3

Undertaker, C Krause

Place of Business, ...

Q. A. Cosby M. D.,
Medical Attendant.

Address, 328 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Kennedy

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 175 Linn St.

Cause of Death {First, (Primary,)} Pneumonia

{Second, (Immediate,)} Cardiac Failure I think

Duration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pets

Date of Burial, Feb 3rd 82

Undertaker, Wm. Cadeaux

Place of Business, 27 Mulberry St

T. Chew Worthington M. D.
Medical Attendant.

Address, 973 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64034 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Radloff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 63 Hanford Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 4. 83

Undertaker, Coolahan & Evans

Place of Business, S. W. Cor Valley & Eager

Jno. Brooke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore.

Permit No. 64035 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hamilton Lavoy

Sex, Male or Female, { Cross out the word not required in this line. } /

Age, 53 *Years,* *Months,* *Days*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give Street and Number. } 4 State St Balt

Cause of Death. First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Harper

Date of Burial, Feb 3

Undertaker J Owens

Place of Business, ...

Geo H Dixon M. D.

Medical Attendant

Address, Cor of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over}

The Special Attention of Physicians is Respectfully invited to this Certificate.

Board of Health, City of Baltimore,

Permit No. 64036 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or professionally if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 3 1883 BALTIMORE

Date of Death, Feb. 2, 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa F. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 352 Mt Henry.

Cause of Death, First, (Primary,) Obstinate Constipation

Second, (Immediate,) Acute Inflammation

Duration of Last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Febr 5th 1883

Undertaker, L. B. Cook

Place of Business 707 West Baltimore

L. R. Wilson M. D.,
Medical Attendant.

Address, 584 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward

Permit No. 6A037

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Annie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 11 Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore

Duration of ~~Residence~~ in the City of Baltimore,

Place of Death, {Give street and Number.} 419 E Baltimore St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E B

Date of Burial, Feb 3

Undertaker, W. Coleman

Place of Business,

Geo. H. Dunn M. D.,

Medical Attendant

Address, Cor Eutaw & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 64038 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 3 1883 BALTO.

Date of Death, Feby 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rockenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 32 Shakespear St

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) "

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetary

Date of Burial, Feby 2 1883

Undertaker, M. Colzman

Place of Business,

Wm. A. Brune M. D.,
Medical Attendant.

Address, Health Comr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth (as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6-039. *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo[illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1 1883 BALTI[illegible]

CERTIFICATE OF DEATH.

Date of Death, July 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie Cummings

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 y *Years,* [illegible] *Months,* [illegible] *Days.*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 Ross St

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,) " Mania

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 4th 1883

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

F. B. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 64048 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2d 1883

Full Name of Deceased, {Write Surname and spell correctly. If an Infant not named, give names of parents.} Harriet Hardy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Fredrick MD

Date of Burial, Feb 5

Undertaker, C W Bryson

Place of Business, 198 Penna Ave

L. Jarrett M.D.

Medical Attendant.

Address, 92 N Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 67841 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David A Hughes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 3 Stockholm St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Bronchitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, Feb 4th 1883

Undertaker John S. Mosher

Place of Business, Pratt & Eutaw

John S Hall M. D.,
Medical Attendant.

Address, 168 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 6404 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Heckas

Sex, ~~Male~~, Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace {State or country, and how long in the United States, if of foreign birth.} Balto Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 64 Patterson Pl

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Feb 4th

Undertaker, Fred Gaede

Place of Business, 24 E Caroline st *Address,* 63 Eutaw St

E J Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 6484 3 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, February 2. 1883.

Full Name of Deceased, {Write the Christian and Family names correctly. If an Infant not named, give names of parents.} Eliz. Sarah Boyd

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 11 *Months,* 27 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 103 E. Washington St.

Cause of Death, First, (Primary,)

Second, (Immediate,) a Consumption.

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feby. 5th 1883

Undertaker, Davis

Place of Business, 74 S. Bz

J. N. Hanck M. D.,
Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widowed) of the person deceased, and the cause and date of death, except in cases of births and deaths of still born children.

[OVER.]

The Special Attention of Physicians is respectfully invited to

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 64044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wallis Kennard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 10 Months, 11 Days.

Color, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 154 Bolton St.

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 4th 1883

J. S. C. Chew M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN,
Place of Business, UNDERTAKERS, 35 Park Ave.

Address 141 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Following

Board of Health, City of Baltimore.

Permit No. 64845 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude V. Fichter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 27 Days.

Color, W

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 9 Sixteenths

Place of Death, {Give street and Number.} 13 E. Montgomery St

Cause of Death, First (Primary), Dentition

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, February 4

Undertaker, H. Ross

Place of Business, 95 Conway St. *Address,* 170 S. Charles

Wm. Gamble M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children, [illegible]

Board of Health, City of Baltimore,

Permit No. 64046 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3rd February 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Wolke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* — *Months,* — *Days,* —

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 9 Crook al

Cause of Death, First, (Primary,) Variola Confluent

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Feb 4th

Undertaker, Henry Bieler

Place of Business, Hanover St 81

L. L. Budenbohn M. D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64847 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb. 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha G. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, W Fule

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 545 E. Fayette St.

Cause of Death, First, (Primary,) Scalatina maligna

Second, (Immediate,) Menengitis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 4/83

Undertaker, Eby & Lee

Place of Business, 210 Lexington

H. H. Kane M. D.
Medical Attendant.

Address, Balt & Gay. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6404 Ward.....

The Physician who attended any person in a last illness, is responsible for the presentition of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frida Graeber,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, 1 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} 225 S. Dallas st.

Cause of Death, First (Primary), Smallpox. (confluent for

Second (Immediate) ten days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Emmanuel Cemetery

Date of Burial, Feb 4th

Undertaker Fred Goerke

Place of Business 29 S Caroline *Address,* 95 Park Ave

George H. Rohé M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64849 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 4 1893
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Burke

~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1 Gilmor St.

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Hemorrhage from Womb

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial January the 4

Undertaker, J B Cook

Place of Business, 707 Baltimore St

J. W. Clark M. D.,
Medical Attendant.

Address, 180 Fulton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

Permit No. 64858 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, February 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Pyles

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About one year

Place of Death, {Give street and Number.} 103 S. Gilmor St

Cause of Death, First, (Primary,) Second, (Immediate,) Peritonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Chellingham Burial ground

Date of Burial, Feb 6th 1883

Undertaker, Jos B. Cook

Place of Business, No 707 N. Baltimore Street

W. R. McShane M. D.,
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64857 *Office of Registrar of Vital Statistics.* Ward.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased,
if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, February 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Moran

{Cross out the word not required in this line.} Sex Male or Female Years, 2 Months, Days.

Age, 24

Color, White

Married, Single, Widow or Widower.

Occupation, Washing 25c.

Birthplace, {State or country and how long in the United States, if of foreign birth.} about 3 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 540 Pennsylvania av

Cause of Death, First. (Primary.) Lung Cold

Second. (Immediate.) Pulmonary Consumption

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Feb. 5 1883

Undertaker, J.B. Cook

Place of Business, 707 W. Balto. St. Address, 64 N. Paca St.

Hammond Lucas M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64052 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ac... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certific...

RECEIVED HEALTH DEPT.
FEB 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sallie Newnam

Sex, Male or Female. { Cross out the word not required in this line. }

Age, ... *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now being in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 300 Lanvale ave

Cause of Death, First, (Primary,) ...
Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Feb 4

Undertaker, J Sanders

Place of Business, ...

Geo. F. Gwinn M. D.
Medical Attendant.

Address, 1 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to this [illegible]

Board of Health, City of Baltimore,

Permit No. 6405 3 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED REGISTRY DEPT. FEB 4 1923 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Ruth

Sex, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 332 Hanover

Cause of Death, First (Primary), ...

Second (Immediate) Variola

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4

Undertaker B. Fluto

Place of Business, 82 West St *Address,* 170 S. Stricker St

Wm Goodel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6464 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED FEB 4 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Maurer

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days*

White

~~Married~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 49 S. Chapel Street.

Cause of Death, First, (Primary,) Scarlatina 3 days

Second, (Immediate,)

Duration of Last Sickness, Three days

At the above information should be furnished by the Physician.

Place of Burial, Lot of Johns Son

Date of Burial. Feb 4th 83 Alfred [illegible] M. D.

Medical Attendant.

Undertaker, G. Franc

Place of Business, Bank & Mulb *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64855 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 3 1, 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Seipenhoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 29 Platte foot alley

Cause of Death, First (Primary). Diphtheritic Croup

Second (Immediate).

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Feb 6th 93

Undertaker G. Frame

Place of Business, Bond & Wolff *Address,* 24 32 Alice Anne St.

John H Ruhberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 64856 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 years *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 203 S. Wolf St.

Cause of death, First, (Primary,) Membraneous Croup.

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, 4 Feb 1883

Undertaker, John D. Golnick

Place of Business, 165 Aliceanna

Jno. S. Smith M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore.

Permit No. 64057 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feby 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Elert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 1 Clement St. Le Point

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's B. yard

Date of Burial, Feb 5. 1883

Undertaker M. A. Daige

Place of Business, 74 S. Burg.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64058 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Connor

White or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} House of the Good Shepherd

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 5th 1883

Undertaker, C. B. Cook

Place of Business, 70 W. Balto

Chas J. Nicholson M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 64089 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible] Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wollering

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Fracture of the skull by

Second, (Immediate,) being injured by a train of cars running away

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, February 5th 83

Undertaker, Carlaha and Evans

Place of Business, S.W. Cor. Valley & Eager

F. G. Connolly M. D.,

~~Medical Attendant~~

Address, Corner

***Extract from** {Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64760 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 5 1883

Date of Death, Feby 3-1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa ann Fowles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days,*

Color, c. of

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 718 Milliken

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub. Aug

Date of Burial, Feby 3=1883

Undertaker, W. Coleman

Place of Business,

Wm. H. Dunn M. D.,

Medical Attendant.

Address, Cor Gilmor & Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Wm. H. Dunn

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 64061 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Louis Sellers

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 10 M *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation [illegible]

Birthplace, {State or country, and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 276 S Dallas St.

Cause of Death, First (Primary), Variola

Second (Immediate), [illegible]

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetri

Date of Burial, Feb 6 1883.

Undertaker John Harvey

Place of Business, 382 Aliceanna St

Joh A Kehlenger M D
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64062 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Kahn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Ridgely st. East

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem.

Date of Burial. Feb 5th 1883

C. L. Baldwin M. D.,
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Light & Cross sts. *Address,* 166 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64063 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1863

CERTIFICATE OF DEATH.

Date of Death, Feb 4. 63

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Roeder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 13 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} On Battery Av. & Hamburg

Cause of Death, First, (Primary,) —

Second, (Immediate,) Laryngitis membranacea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, Febr 5th 1863

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

D. Sillesen M. D.,
Medical Attendant.

Address, 154 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64064 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Righter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 16 Robert St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Feb 5. 1883

Undertaker, J Handley Ford

Place of Business, 252 Eastern Ave

E Mitchell M. D.,
Medical Attendant.

Address, 53 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 4065 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1883

Full Name of Deceased, {Write plainly and correctly. If an infant not named, give names of parents.} William Benjamin Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 403 Aliceanne

Cause of Death, First, (Primary,) Pseudo Mem Croup

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial St Patricks Cem

Date of Burial. July 5. 1883

Undertaker H Schubert Jun

Place of Business 203 Aliceanne

E. Jenkins, M. D.
Medical Attendant.

Address, 63 Edmondson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64066 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} John Kank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 34 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 Presidentstr

Cause of Death, First, (Primary,) Carcinoma ventriculi

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. *Thomas* M. D.,

Date of Burial, Feb. 6. 1883 Medical Attendant.

Undertaker, H. Sander & Son *Address,* 245 E. Baltimore St

Place of Business, 202 Caton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6770 67 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 8 am. 1883

Full Name of Deceased, { Write legibly and spell not named, give names of parents. } Mary Schmeck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* —— *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 304. N. Amer St

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 304. N Amer St

Cause of Death, First, (Primary,) Hemorrhage from Umbilical cord

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 5 Feb 1883

Undertaker, John C. Stein

Place of Business, 265 Aisquith

G. D. Dohme *M. D.,*
Medical Attendant.

Address, 80 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6H068 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Gr. Lidd. Burns

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation.

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 231 N Durham st

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Months

At the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5, 1883

Undertaker, J. W. Madden

Place of Business, 46 Eastern Av

per Chas. D. Russell M.D.

Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 64869 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 5 1893

Date of Death, 2. 4. 83

Full Name of Deceased, { (Write plainly.) If not named, give names of parents. } Mathilda Allen

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 23 *Years,* ——— *Months,* ——— *Days,*

Color W

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give street and Number. } 142½ Pierce st

Cause of Death, { First, (Primary,) Consumption
Second, (Immediate,) }

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb. 6 - 1883

Undertaker, Wm. W. Maddox

Place of Business, 46 E. Lexington *Address,* 849 Lucas

W. H. Aschmann M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6478 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Annie Lockney

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and Number.} 13 Thompson Ln

Cause of Death, First (Primary), Croup 4 days

Second (Immediate), Convulsions

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 6 1883

Undertaker Henry Hoch

Place of Business, 369 W Fayette Address, 174 Caton

Geo Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6407 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 5 1883 BALTIMORE

Date of Death, Feby 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sutton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and Number.} 553 W. Fayette

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) [illegible] Extenuation

Duration of Last Sickness, Failing for several months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Feby 5th 1883

Undertaker Leidy & Mitchell

Place of Business, 350 W Fayette St

Wm Mc Kim M. D.,
Medical Attendant.

Address, 55 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64872 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, February 4th 1883

Full Name of Deceased, (If not named, write "child" or "infant" and spell surname when known. If not named, give names of parents.) [illegible] B Norris

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 1 *Years,* 1 D. *Months,* *Days*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, (Give street and Number.) 118 Hollins St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial B. Alshouse Cemetery

Date of Burial, February 5th 1883

Undertaker, Mrs. Lawrence Sams

Place of Business, 317 Mulberry St *Address,* 5 Franklin Av.

J. H. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the accompanying [illegible]

Board of Health, City of Baltimore,

Permit No. 64073 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said p[illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB [illegible] 1883 BALTI[illegible]

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Charles Fick

Sex, Male or Female, {Cross out the word not required in this line} /

Age, 2 *Years,* *Months,* *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 257 S Bond St.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 6

Undertaker Kimball & Lizer

Place of Business, 157 S Bond St

John A Kehlberger M. D
Medical Attendant.

Address, 2438 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death; to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6407 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Merkel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — Years, 6 Months, — Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation —

Birthplace, {State or county, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 209 Gough St

Cause of Death, First (Primary),

Second (Immediate) Small-pox

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 6

Undertaker J. Lipps & Co

Place of Business, 151 E Baltimore

A Strassheimer M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64815 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 1885

Date of Death, Feb. 5th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Four Years, Eight Months, Days,

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State if country, and how long in the United States, if of foreign birth. } Kent Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, { Give street and Number. } 14 Vane st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Shady Side Cemetery

Date of Burial, February 5

Undertaker, H Ross

Place of Business, 95 Conway St

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6476 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Kellum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 307 Hamburg

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thanksgiving

Date of Burial, Feb 5

Undertaker, H Ross

Place of Business,

Geo. H. Dunn M. D.,
Medical Attendant.

Address, 1 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6807 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1893

CERTIFICATE OF DEATH.

Date of Death, February 4th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Berger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 9 *Months,* 27 *Days,*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {Give the State or Country, and if in the United States, the County, and if of foreign birth, the Town.} Virginia

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} No 41 Bank st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, February 6/93

Undertaker, Mr Lewis

Place of Business, 95 Block

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64078 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Heuer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 311 Conn Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lafayette

Date of Burial, Feb 5

Undertaker, B Hance

Place of Business,

(Signed) Corkran M. D.,

Medical Attendant.

Address, 146 Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Booker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 8 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, {Give street and number} 9 Jackson St

Cause of Death First, (Primary.) Gastro enteritis

Second, (Immediate.) Exhaustion

Duration of last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 5

Undertaker, Geo W Spence

Place of Business, 195 Eutaw St

J A P Braulan M. D.
Medical Attendant.

Address, S.W. Cor Arnout & Eutaw Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64080 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, July 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant unnamed, give names of parents. } Ann Everett

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days*

Color, W

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Lady

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 1816 N Calvert St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer Mammilla

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial. 6th Feb. 1883

Undertaker, Wm James Sons

Place of Business 60 Saratoga St

E Fullerton M. D

Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6408 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernie L Bates

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 170 West 46

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the Lung

Duration of Last Sickness, 24 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, Feb. 5

Undertaker, B. Hau[illegible]

Place of Business, 82 West 14

Howard Bates M. D.
Medical Attendant.

Address, 146 Mason St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64082 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anne Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 366 McHenry St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 6th

Undertaker, Wm. Wm. Audenaan

Place of Business, 22 Mulberry St.

Edw. F. Nicholson M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 64883 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlieb Lentz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 5

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 177 S Ann St. below Eastern ave

Cause of Death,
First (Primary),
Second (Immediate), Small pox

Duration of Last Sickness, Two days. Disease not developed.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 6th Febr 1883

Undertaker Wm Nicolars.

Place of Business, 253 Aliceanna St.

A. L. Gaswiler M.
Medical Attendant.

Address, 253 Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 64084 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 5 1883

Date of Death, Feb. 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Straul

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 191 Orne St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 6, 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

C. W. Neff M. D.,
Medical Attendant.

Address, 30 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hamilton E Lane

Sex, Male or Female, { Cross out the word not required in this line. }

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 14 months

Place of Death, { Give street and number. } 725 Fr Pratt ✓

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Asphyxia Five hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 5th 1883

Undertaker, L. B. Cook

Place of Business, 707 West Baltimore St

Jno. F. S. Larkin M. D.
Medical Attendant.

Address 34 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64086 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 4, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Dolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 0 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7 Fosters Av

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Feb. 5' 1883

Undertaker, J. B. Cook

Place of Business, 707 west Baltimore *Address,*

James Bailey M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore.

Permit No. 6407 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Hoffman

Sex, Male or Female, {Cross out the word not required.} ✓

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 216 Alice Anna St

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Febuary 8th

Undertaker Leonhard Veuve

Place of Business, 272 S. Bond Street.

John H Kellogg M. D
Medical Attendant.

Address, 214 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Heller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 Years, 6 Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Pipe Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 216 N Choptank St.

Cause of Death { First, (Primary,) Rheumatism complicated with Kidney
Second, (Immediate,) Exhaustion

Duration of last Sickness, Has been ill for years and confined to bed for past 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 8 1883.

Undertaker, John Heuisler

Place of Business, 382 Orleans St

Thos J Simms M D M D
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64089 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W Harold Poole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} M

Age, 7 *Years,* 11 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 418 N Eden St

Cause of Death, First, (Primary,)

Second, (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 2-9

Undertaker, J Feeney

Place of Business,

Geo A Simms M. D.

Medical Attendant.

Address, Cor of Eden & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 64078 *Office of Registrar of Vital Statistics.* Ward 20

"The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1883

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} E Jane Irvine

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* or ~~*Widower*~~. {Cross out the word not required in this line}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her Entire life time

Place of Death, {Give street and Number.} 24 Patterson av

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) do Hemorrhage of the Heart

Duration of Last Sickness, All Several weeks.

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, Feb 5

Undertaker, E H Blizard

Place of Business, 178 Pen ave

Hamm & Simms M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 64891 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Processor on Pratt place

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 259 S Charles

Cause of Death, First, (Primary,) 17 days

Second, (Immediate,) Typhus Fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, ~~Feb 4~~ Feb 5

Undertaker, C H Blizard

Place of Business, 191 Pratt ave

Thurlow Cord M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64892 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4th day of February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Elizabeth Mullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 21 Watson Ally

Cause of death, First, (Primary,)

Second, (Immediate,) Chronic pulmonary

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 6 1883

Undertaker, C Rooney

Place of Business, 146 E Baltimore

Jos. Fuss, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64073 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Lynches

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 412 W. Fremont st

Cause of Death, First, (Primary,) Consumption - Chronic

Second, (Immediate,) .....

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Febr. 5. J Harvey Mills M. D.

Medical Attendant.

Undertaker, Walter Timmes

Place of Business, 315 W Biddle Address, 119 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64094 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO BE BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1933 BALTI

CERTIFICATE OF DEATH.

Date of Death, Feby 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Chrystler Clerc

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } M

Age, 63 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 3 Argyle Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial,

Undertaker, Wm H Blizzard

Place of Business,

N. M. Wilson M. D.
Medical Attendant.

Address, Balto & Gral. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64076 *Office of Registrar of Vital Statistics* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel Richard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1015 Duncan alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 5

Undertaker, J. Hofman

Place of Business,

Geo. H. Dunn M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

DAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules.

Board of Health, City of Baltimore,

Permit No. 6496 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Knight

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 178 S. Chapel St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Convulsions

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Feb 5/83

Undertaker G. Frame

Place of Business, Bonk & Wolf *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6487 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Brokofski

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth } City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and Number. } # 223 S Regester St.

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Feb 4th 83

Undertaker G. Frank

Place of Business, Bank & Wolf *Address,* 243 Aliceanna

John H Kehlenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64098 *Office of Registrar of Vital Statistics.* Ward 8

* The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Little

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty-two *Years,* *Months,* *Da*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Near three months

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks in Hospital, Consumptive When admitted to prison November 17th 1882.

All the above information should be furnished by the Physician.

Place of Burial. E C

Date of Burial, Feb 5

Undertaker, W H Coleman

Place of Business,

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 64899 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 4 Nancy Reed Nancy Reed

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} S

Occupation, Cook Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 235 Montgomery St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small pox

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, WP

Date of Burial, Jan 5 — Henry Cook M. D

Undertaker, J Kerdun

Place of Business, Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Circular.

Board of Health, City of Baltimore,

Permit No. 64100 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th. February 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislawa Dobrackowska

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} Mear Stanhope Street 207.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Stanislaus Cemetery

Date of Burial, 6th Feby 1883

Undertaker, Wm. Nicolans

Place of Business, 238 Aliceanna

William Hamel M. D.
Medical Attendant.

Address, S. Wolfe & Ms

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 64101 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ify Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Chestnut Ch.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 1 yr 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Lamar

Date of Burial, Oct 5

Undertaker, M Jordan

Place of Business,

Wm. P. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6410 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Lucy G. Mills

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 16 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 252 George St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 5th 1883

Edward R Ward M. D.
Medical Attendant.

Undertaker, F. Louis Schaefer

Place of Business, 109 N Eutaw St *Address,* 248 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

13-6410 3

Permit No. 6410 3

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Nov. 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Washing & Ironing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Booth St

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate.) Convulsions, Asphyxia

Duration of Last Sickness, 4 or 5 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 5 1883

Undertaker, S Wheeler

Place of Business, 98 Howard st

L. L. Lewis M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64104 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Howard Co, Md

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and Number.} Balt Dover St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 5 1883

Undertaker, S Wchase

Place of Business, 198 Howard St

J West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64186 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Wolen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighteen *Years,* Seven *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 80 North Wolfe Street

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Cancer

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 7 - 1883

Undertaker, Dry Bro.

Place of Business, 817 N. Broadway

Wm. H. Cleudinan, M. D., Medical Attendant.

Address, No. 102 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64106 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 2 2 Days

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 321 Hanover.

Cause of Death, First, (Primary,) a /

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 5

Undertaker, G. L. Ross

Place of Business,

Geo. N. Dixon M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 64107 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eustace Place

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, ____ *Years,* 4 *Months,* ____ *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and Number. } 80 Plumaday

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial Lauel

Date of Burial, Feb 5

Undertaker Geo W Perkins

Place of Business, ____

Geo. H. Dunn M.D.
Medical Attendant.

Address, Cor Gay & Hart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64188 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 89.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Seib

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82. *Years,* *Months,* *D.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and Number.} 113 Pierce St.

Cause of Death, First, (Primary,) Hypostasis Pneumonia

Second, (Immediate,) & old age

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 5 1889

Undertaker, J. Haus

Place of Business, No 317 Mulberry Address [illegible]

Louis C. R. Horn M. D.
Medical Attendant.

Address Louisburg & Fayette ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 Feby 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle Lafine

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 35 Years, — Months, — Days.

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1 Jefferson Roads near Broadway

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Febry 5 1883

B. F. Leonard M. D.
Medical Attendant.

Undertaker, William Burge

Place of Business, No 62 East St. Address, 314 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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14

Permit No. 64110

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in *his* last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and should accompany if requested so to do, under penalty of law.

No Permit for Burial Can Be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
FEB 5 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maude Wolch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 204 Bond st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxiation

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 7th 1883

Undertaker, Thos S Hughes

Place of Business, 811 E Balto st

R. H. Goldsmith M.D.,
Medical Attendant.

Address, Harlem av & Calhoun st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Eichengreen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✗

Occupation, ✗

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 30 d Boundary

Cause of Death, First, (Primary) Scarlatina

Second, (Immediate,) Pneumonia

Duration of last Sickness, Third Week

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, Feb 6th 1883

Undertaker, Wm Edes

Place of Business, 101 Gay St Address, S E Cor Eutaw St

Medical Attendant, A Friedenwald M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64112 *Office of Registrar of Vital Statistics,* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schleicher.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 265 S Bond St.

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Feb 6th 1883

Undertaker Leonhard Veit

Place of Business, 232 S Bond St.

John H. Kellogg M. D.
Medical Attendant.

Address, 2143 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Reverse Side, [illegible]

Board of Health, City of Baltimore,

Permit No. 6411 3 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 7 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5th, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Godfried Frick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 1257 E Bond St.,

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Feb 6th

Undertaker [illegible]

Place of Business, [illegible]

John H. Kellberger M. D.
Medical Attendant.

Address, 1434 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 24114 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in e last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883

CERTIFICATE OF DEATH

Date of Death, Feby 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roland A.W. Yewell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 Years. 7 Months. 1 Days.

Color,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 18 S. Arlington Ave

Cause of death, First, (Primary,) (Scarlatina) & Diphtheria

Second, (Immediate,) Septic absorption and Exhaustion

Duration of Last Sickness, 9 Ds

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Feby 6th 1883

Undertaker Dieudonné Mitchell

Place of Business, 657 W Fayette St

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6411 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, 4th February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Thomas

(Cross out the word not required in this line.) Male

Age, 47 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Grave Digger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 241 Montgomery St

Cause of Death, First, (Primary,) Chronic Bronchitis & Malaria Fever

Second, (Immediate,) Exhaustion & Apnea

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6

Undertaker, H Ross

Place of Business, 95 Conway St

L. D. Gill M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. ~~And be it further enacted and ordained~~, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6 H 116 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Patman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 96 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 312 So Eutaw St

Cause of Death, First, (Primary,) Senila

Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 6

Undertaker, H Ross

Place of Business, 95 Conway St

Geo Bell M. D.,
Medical Attendant.

Address, 161 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 6411

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Annie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Keeps disorderly house of ill fame

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Virginia, Came South

Duration of Residence in the City of Baltimore, Since 1873

Place of Death, {Give street and number.} 4 Caire Inflammation of Cerebro-Spinal Meningitis

Cause of Death, First, (Primary.) Asphyxia

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Lot

Date of Burial, Feb 6

Undertaker, F Kerchner

Place of Business, Address,

L. L. Bitting M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 64118 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. A. Lenhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and Number.} 308 Aisquith St

Cause of Death, First, (Primary,) Laryngeal Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 7 1883

Undertaker,

Place of Business,

Edw L Mechlin M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 64119 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 5/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A Hilbert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 197 S Dallas

Cause of Death, First (Primary), Small Pox

Second (Immediate), ...

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Separate Room

Date of Burial, Feb 6th

Undertaker W Liefeld

Place of Business, 151 S Bond St

R W Mansfield M. D.

Medical Attendant,

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notice Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 6412 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward A Healy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Collector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 E Lanvale St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 6 1883

Undertaker Jane A Byrne

Place of Business,

Thos C Symmes M. D.
Medical Attendant.

Address, 191 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6412/1 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frank

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 71 *Years,* — *Months.* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widowed

Occupation, shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Pine St 105

Cause of death, First, (Primary,) Heartdisease

Second, (Immediate,) Dyspepsia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 7 February 83

Undertaker, A Rosenberger

Place of Business, 70 Mulberry

A. J. Reinhard M. D.,
Medical Attendant.

Address, 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6411 2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6 – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maria S. Stevenson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female —

Age, 66 *Years,* 10 *Months,* 5 *Days.*

~~Color,~~

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 years or more

Place of Death, {Give street and number.} 574 W. Franklin —

Cause of death, First, (Primary.) Senility and General Debility

~~Second~~, (Immediate,)

Duration of Last Sickness, In bed (off and on) for couple months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 7th 1883

Undertaker, Thos J Hughes

Place of Business, 110 E Balto

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64128 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Heidrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 1 Carlton St

Cause of Death, First, (Primary,) Inguinal Hernia

Second, (Immediate) Inguinal Hernia, Strangulated,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stalphonsus

Date of Burial, Feb 6

Undertaker, B Hyde

Place of Business,

Dr. Beec M. D.,

Medical Attendant.

Coroner

Address, 61 E. Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 64124 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB. 6 1883

CERTIFICATE OF DEATH.

Date of Death, February 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Wenzel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 1 *Years* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 42 Fort Ave

Cause of death, First, (Primary,) diphtheria

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus

Date of Burial, Febry 7

Undertaker, R Harls.

Place of Business, West 8d.

L. B. Facette M. D.,

Medical Attendant.

Address, Fort Ave & Johnson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 64125 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 5th

Full Name of Deceased, { Write legibly and spell. If not named, give names of parents. } [illegible]

~~*Sex, Male* or *Female*~~, { Cross out the word not required in this line. } [illegible]

Age, 2 *Years,* 8 *Months,* *Days.*

Color, W

~~*Married*~~, *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Ricty

Duration of Residence in the City of Baltimore, 2 — 8

Place of Death, { Give street and Number. } 194 Williams or

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial. Feb. 7

Undertaker, B. Mauk

Place of Business, 42 West A

Dr. P. Ellis M. D.
Medical Attendant.

Address, 913 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6471/26 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Schmueck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 34 yrs.

Duration of Residence in the City of Baltimore, 116 Battery Ave

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Cancer of Breast

Second, (Immediate,) about 2 yrs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, Febuary 7

Undertaker, B. Hall

Place of Business, 82 West St

Jno W. Schmueck M.D.
Medical Attendant.

Address, 2 St. Charles Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6427 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB. 6 1883

Date of Death, Jan. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne M. Alexander

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country in which born in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 50 Yrs

Place of Death, {Give street and Number.} 6 [illegible] ave

Cause of Death, First, (Primary,) Pneumonia & Dropsy

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial. Feb 7th 1883

Undertaker, Jas McGinnis & Co

Place of Business, 143 Plowman St

H. Steele M. D.,
Medical Attendant.

Address, 148 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E Carroll

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 165 Johnson St

Cause of Death {First, (Primary,) Second, (Immediate,)} Inanition

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 6 1883

Undertaker, Cummings Carey

Place of Business, 263 Light

Robert S. Rowe M.D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

... PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6A129 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 7 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Kobielski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 Years, Months, Days.

Color, Irish

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland 10 years

Duration of Residence in the City of Baltimore, 16 Hillen

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 8 1883

Undertaker, Henry Schultheis

Place of Business, 6 Monument st

C. Eckstein M. D.,
Medical Attendant.

Address, 1 Eager cor Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children. [over.]

Permit No. 6430

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 6 1883

Date of Death, February 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Catharine D. Timmerman

Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 2 *Months,* 17 *Days,*

Color, White

Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 18 Years

Place of Death, {Give street and Number.} 254 Washington Road

Cause of Death, {First, (Primary.) Consumption of Lungs

{Second, (Immediate.)

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feby 7th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 582 W. Fayette

W. R. Williams M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6431 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. E. Wayman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 8 Days,

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Libby Road

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Libby Road

Cause of Death, First, (Primary,) Abscess of umbilicus

Second, (Immediate,)

Duration of Last Sickness, Since born

All the above Information should be furnished by the Physician.

Place of Burial, Church Hill Cemetery

Date of Burial, Feb 6 1883

Undertaker, A. J. Hennig

Place of Business 116 Orchard St *Address,*

G. W. Innes M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6432 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Neale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 14 *Days.*

Color W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 12 New Church alt.

Cause of death, First, (Primary,) Sore throat.

Second, (Immediate,) .....

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7 1883

Undertaker, Alex Hemsley

Place of Business, Woodward & Co *Address,* 20 W Biddle st

R. Winslow *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64133 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} John Sutherland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White,

~~Married~~ ~~Single~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Lamplighter,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland.

Duration of Residence in the City of Baltimore, about 50 years.

Place of Death, {Give street and number.} 348 E. Pleasant Street

Cause of death, First, (Primary,) Asthma for many years.

Second, (Immediate,) Cardiac Dropsy

Duration of Last Sickness, about 6 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 7th

Undertaker, Geo Schilling

Place of Business,

J. Ridgway Ariss M. D.
Medical Attendant.

Address, 124 E Pleasant St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64134 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bullen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} No 216 Cookson St L.B.

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,)

Duration of Last Sickness, Last hour but one

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 7th 1883

Undertaker, Daniel Glynn

Place of Business, 105 West St *Address,* St Bridgets

H. H. Tuttle M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64135 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, July 5th 1883

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names} Mary E. Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 60 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 575 Wolfe St

Cause of Death, {First, (Primary,) Heart Disease supposed
Second, (Immediate,) Sudden Death

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Baltimore

Date of Burial, July 6

Undertaker, F. Lurby

Place of Business, ...

Geo. W. Benson M. D.
Medical Attendant.

Address, City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Person would not answer so had to use pencil

Board of Health, City of Baltimore,

Permit No. 64186 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, February 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James F Hudgins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~38~~ 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Silver Plater

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 8 Harford Avenue

Cause of Death, First, (Primary,) —

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bacro

Date of Burial, Feb 8

Undertaker, Geo. Schuller

Place of Business, —

A. L. Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th February 1883 at 3 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Palmer

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 63 Years, 4 Months, 2 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, White Washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 132 Burgundy alley

Cause of Death { First, (Primary,) Inflammation of Lungs
Second, (Immediate,) 6 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 6 1883

C. C. Richardson M.D.
Medical Attendant

{ Undertaker, S. McHaney
Place of Business, 198 Hanover

Address, Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1883,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adolphus Oliver

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 *Years,* 6 *Months,* *Days.*

Color, Colrd *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Day laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cecil Co Md.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 231 Preston St

Cause of Death, { First (Primary,) ..... Second (Immediate,) Dysentery

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 7 1883

J. Gilmore M. D. Medical Attendant.

{ *Undertaker,* S. McChase

{ *Place of Business,* 78 Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 6439 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Barochkenfaller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 0 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 127 N Washington

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Feb 6

Undertaker, Geruig

Place of Business,

Chas. P. Owen M. D.,

Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64148 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Chas Kaercher

Sex, Male or Female, {required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of death, First, (Primary,) Eczema

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feb 7th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

..... M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64741 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Felling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} ✓

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years,

Place of Death, {Give street and Number.} 121 N. Bond

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 7th 1883

A. R. Leuder M. D.

Medical Attendant.

Undertaker, H. Hofmeister

Place of Business, 63 N. Eden *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

14

Board of Health, City of Baltimore,

Permit No. 64112 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Redmon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} #63 Lemmon near Linn

Cause of Death, First (Primary,) Hydrocephalus

Second (Immediate.) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Feb. 6' 1883

Wm D. Lawton M. D.
Medical Attendant.

Undertaker, J.B. Cook

Place of Business, 707 W Balto St. *Address* 94 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64143 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3rd Feby 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Rapp

Sex, ~~Male or~~ Female, } required in this line.

Age, 34 Years, Months, Days.

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 30 S Gilmor St

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb. 7 '83

Undertaker, J. B. Cook

Place of Business, 707 W Balto St.

Gus H Rapp M. D.

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6414 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th

Full Name of Deceaced, {Write legibly and spell correctly. If an Infant not named, give names of parents} Annie Vaughn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 372 Aliceanna St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Feb 7th 1883

Undertaker, Julius Koehler

Place of Business, Harper Bro's st.

J C Burch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 64145 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1883

Full Name of Deceased. { Write legibly and spell correctly. If an infant of parents. } [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, [illegible] *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower { Cross out the word not required in this line. } Widow

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } No 222 Ellicott St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 11 days

the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb 7th 83

Undertaker [illegible]

Place of Business, [illegible] *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6711 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Diddemyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 24 *Days,*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 17 S. Durham St

Cause of Death,
First (Primary),
Second (Immediate), Small pox — (uncovered)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, July 6 1883

Undertaker J. Franc

Place of Business, Bans & Wolfe

H. Wolf Steiner M. D.
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...he Special Attention of Physicians to Supplementary Advice to the Executive Board, Rule 10, Sec. 2, Part 2.

Board of Health, City of Baltimore.

Permit No. 6414. *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an infant of parents.} Anna Bisor Kendall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days,

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Since Birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 51 Thames St

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Ch

Date of Burial, Feb 7th 83

Undertaker G. Frame

Place of Business, Bonts & Wolf *Address,* 243 Alice Anna St

John H Kehlenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Rodgers

Sex, Male or Female, {erase out the word not required in this line.} Female

Age, 1 y'r *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Infant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 y'rs

Place of Death, {Give street and number} 161 W Lanvale St

Cause of Death, First, (Primary.) Puerperal Septicaemia

Second, (Immediate.) Heart Clot

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E Balto Pat Cemy

Date of Burial, Feb'y 7th 1883

Undertaker, M Coleman

Place of Business,

W. H. M. Tidball M. D.
Medical Attendant.

Address, 161 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64149 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Feby 6th 1883

Full Name of Deceased, { (Write legibly and spell surname last.) If not named, give names of parents. } Mary Ellen Kelly

Sex, Male or Female, { Cross out the word not required in this line } Female

Age, 3 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and Number. } 19 N Exeter St Baltimore

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 7 1883

Undertaker, Denny and Mitchell

Place of Business, 65 S Broadway *Address,* [illegible]

[illegible], M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Questions below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 6411 50 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie E Eddey

Sex, ~~Male~~ or Female. (Cross out the word not.)

Age, ... *Years,* 9 *Months,* 5 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {Place of country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 178 E Pearce

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 8

Undertaker, A Gentsler

Place of Business,

Geo. W. Anson M. D.,

Medical Attendant

Address, 178 E Pearce

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 69161 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 17 Norris alley

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 17 Norris alley

Cause of death, First, (Primary,) ———

Second, (Immediate,) Inanition

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Gr P

Date of Burial, Feb 7

Undertaker, F Kerchner

Place of Business, ———

Wm F Marine M. D.,
Medical Attendant.

Address, Stricker & Lorman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64152 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 7 1883

Date of Death, February 2d 1883

Full Name of Deceased {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Curtis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 24 Winter st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. W. B. Public

Date of Burial. Feby 2 83

Undertaker, F. H. Kuehne

Place of Business,

Geo. H. Dixon M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 4153 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, February 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Mackell

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 Years, Months, Days,

Color, Black

~~*Married*~~, *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation, Shucker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 239 S. Eutaw

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B Public

Date of Burial, Febry 4/83

Undertaker, F. W. Kerchner

Place of Business,

Geo. H. Dorsett M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64134 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 11 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 8 Ohio Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. N. B. Patterson

Date of Burial. Feby 4/83

Undertaker, G. A. Kershner

Place of Business,

Geo. F. Dunn M. D.,

Medical Attendant.

Address, 8 Ohio Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64156 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 7 1883

Date of Death, February 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Talbott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Eutaw Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 Weeks

At the above information should be furnished by the Physician.

Place of Burial, W. B Public Cem'y

Date of Burial, Feby 5/83

Undertaker, F. A Kirchner

Place of Business,

Geo. A. Dunn M. D.,
Medical Attendant.

Address, Cor Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6A136 *Office of Registrar of Vital Statistics.* Ward 8

The Physician, who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1883

CERTIFICATE OF DEATH.

Date of Death, February 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Patterson Lane

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Feby 5/83

Undertaker, T. A. Kershner

Place of Business,

Geo. H. Bond M. D.,

~~Medical Attendant.~~

Address, 8 N. Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6415 / *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Rose

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} .....

Age, 8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 Butler's Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial. W. B. Butler's Cem'y

Date of Burial. Feb'y 5/83

Undertaker, F. N. Kevekner

Place of Business. .....

Geo. F. Dennis M. D.,

Medical Attendant.

Address, Cor of Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6415 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Male Charles Eichengreen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Year, 7 Months,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country [and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, Feb 8th 1883

Undertaker, Wm Edlow

Place of Business, 101 Gough St

Sex, Male

X

X

Baltimore

Lifetime

20 & Broadway

Scarlet fever & Diphtheria

Exhaustion

Nine weeks

A Friedman M. D.

Medical Attendant.

Address 88 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the party, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64167 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 7

Date of Death, February 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } I Cahill

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, 20 months Days,

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. } /

Occupation,

Birth Place, { State or country, and now long in the United States. } Ball /

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 162 S. Charles

Cause of Death, { First, (Primary,) Protracted Labor

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial. Mt Olivet

Date of Burial. Feb 7 1883

Undertaker, Ammon Bros

Place of Business, 263 Light

J. H. W. Irebell M. D.,
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6416 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 7 1893

Date of Death, February 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Rokosky

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 15 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all above

Place of Death, {Give street and Number.} No 62 N Castle St. cor Hamburg & Fayette Sts.

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) dynamia

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Olyfsanses Cemetery

Date of Burial, Feb 8 1883

Undertaker, John Henry

Place of Business, 382 Orleans St

B F Lowe M. D.,
Medical Attendant.

Address, 128 Chestnut

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, (when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64161 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1883

FEB 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rodman Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Joppa Road

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E.L.

Date of Burial, Feb 7

Undertaker, M Coleman

Place of Business,

E. B. Fenby M.D.
Medical Attendant.

Address, Eden + Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6476 2 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 7 1883

Date of Death, Feb 7

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named give names of Parents. } Annie Maddox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State in country, and now long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 17 Plumaca

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuiale Pf

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Feb 7

Undertaker, F Kershner

Place of Business,

Geo. H. Rowe M. D.
Medical Attendant.

Address 81 Steuart

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64163 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 7 1883

Date of Death, Feby 6 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Years, ... Months, ... Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 614 N. Eden

Cause of Death, First, (Primary,) Cancer of Throat

Second, (Immediate,) Oedema of the Lungs

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Feby 8th 83

Undertaker, H. Sargent Sons

Place of Business, 252 Canton Ave

R. Winslow M. D.
Medical Attendant.

Address, E. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...The special Exposition of Symptoms in Respiratory Services to the Members Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4164 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 7 1893

Date of Death, Feb 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age 4 *Years* 4 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

~~Birth-place~~, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 S Chapel

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Px

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Feb 7

Undertaker, G France

Place of Business,

Geo. H. Dunn M. D.
Medical Attendant

Address, Dr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6476 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 7 1883

Date of Death, February 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant (or parents.} Bertha Loewenstein

Sex, Male or Female, {required in this line.}

Age, One *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and Number.} 755 W Baltimore St

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Four Eight hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, February 8

Undertaker, Local Agents

Place of Business, No 814 N Eighth St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64166 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant of parents.} David Gerald

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, Feb 7

Undertaker, W Coleman

Place of Business,

S. O. Woodman M. D.
Medical Attendant.

Address, St Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 64167 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kapp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 Years, Months,

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, R. R. Employee

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 209 Clifton Place

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial. Feb 9th 1883

Undertaker, J. J. Andrews

Place of Business, 14 Druid Hill Ave

S. A. Hunter M. D

Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6416 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, Feb. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. C. Wroe Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 2 *Days,*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 15th & Dolphin

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria - Blood poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 8/83.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 85 Park Ave.

Claude Van Bibber M.D. for W. E. Van Bibber M. D., Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Old Plan

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6167 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Byrne

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Da...*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 80 Central Market Place

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflamation of Stomach & Bowels 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 7th 1883

Undertaker, James D Byrne

Place of Business, No 63 N Front St

H. G. Cornell M. D.

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 6417D *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 7 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Trimper.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 10 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 630 W. Baltimore St.

Cause of Death, First, (Primary,) Scarlatina.

Second, (Immediate,) Acute Albuminuria

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb. 8

Undertaker, B. Hoole

Place of Business, 82 West St

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6477 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Mc Lynn

Sex, Male or Female, { Cross out the word not required in this line } Female

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 51 Balto

Place of Death, { Give street and Number. } No 108 Aisquith St

Cause of Death. First (Primary), Ord Syc

Second (Immediate), Uremia

Duration of Last Sickness, 1 wk

the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 9th 83

Undertaker Wm Clarke & Son

Place of Business, 5 E. Balto *Address* 548 Broadway

Medical Attendant. D. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person having charge of the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 7 E 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} /

Age, 7 Years, Months, Days.

Color, Colored Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number.} 343 Ft. Howard St

Cause of Death, { First (Primary,) Scald

Second (Immediate,) Congestion of the brain

Duration of Last Sickness, 38 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 9th 1883

{ Undertaker, Chas. Scriven

Place of Business, 271 N Eutaw St

A. E. Lindsay M. D.

Medical Attendant.

Address 167 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64173 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Benjamin Bloomfield

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and Number } 208 S. Bond St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 8th 83

Undertaker G. Evans

Place of Business, Evans & Wolfe *Address* 312 Broadway

Wm Goldsborough, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, Febry 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexandrina Dressel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 78 Years, 0 Months, 6 Days.

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 44 Pine St.

Cause of Death { First, (Primary,) Old age
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 9th 1883

{ Undertaker, Henry W. Mears

{ Place of Business, 645 N. Gay St. Address, 87 Wayette St.

A Edwards M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

Permit No. 64175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Lewis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ Years, 17 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 222 E. Monument St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, Feb 8th 1883

A. E. Stein, M. D.
Medical Attendant.

Undertaker, Hy W. Mears

Place of Business, 43 N. Gay St

Address, 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is respectfully invited to the questions below, and to the Instructions on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64176 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Snowden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 104 Sarah ann St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charlotte

Date of Burial, Feb 8

Undertaker S Williams

Place of Business,

Geo. H. Dixon M. D.,

~~Medical Attendant~~

Address, Cor of Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6417 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Henry Scheidel

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 91 Frederick Ave

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Catonsville

Date of Burial, Feb 8

Undertaker, Pindell

Place of Business, ...

Geo. N. Dixon M. D.,
Medical Attendant

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64178 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, February 7th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 160 N Spring St

Cause of Death, First, (Primary,) Cause obscure - Probably Anemia

Second, (Immediate,)

Duration of Last Sickness, Ailing for several months

All the above information should be furnished by the Physician.

Place of Burial, Forest cemetery

Date of Burial, Feb 8 1883

D. McCathran M. D.,

Medical Attendant.

Undertaker, William Young

Place of Business No 62 East St *Address,* 210 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64179 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hagar Ann Curtis

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Laurel P. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Booth Court

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) Paralysis

Duration of Last Sickness, 11 days

All the above Information should be furnished by the Physician.

Place of Burial, Sharps

Date of Burial, Feb 8 1883

Undertaker, S. M. Chase

Place of Business, 198 Lincoln Av

J. McClintock *M. D.,*
Medical Attendant.

Address, B. C. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64150 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB. 3 1883

Date of Death, Feby 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Murdoch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 11 Years, ——— Months, ——— Days.

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, At School

Birthplace, {State, or country and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 38 Rose St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Feb 8 1883

Undertaker, S. McHase

Place of Business 198 E. Howard St

P. B. Browne M. D.
Medical Attendant.

Address, 38 Rodgers St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

18 Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 64181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace H. Wells

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 Years, 7 Months, D.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 252 George St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Parotitis.

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feby 9th 1883

Undertaker, Lester Schaefer

Place of Business, 109 N Fremont

Edward R Ward M. D.
Medical Attendant.

Address, 248 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6418 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eugene V. McArthur

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. } Male

Age, Years, 4 Months, 8 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1882 Front

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, February 8 1883

{ *Undertaker* Jas A Byrne / *Place of Business,* 63 Irvine } *Address,* 17 N Calvert

Geo V Leguen M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

D 19

Board of Health, City of Baltimore.

Permit No. 64183

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 8 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Macker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Church alley near Point St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, 2-20-89

Undertaker, W Washew

Place of Business,

Chas E Jones M.D.,
Medical Attendant.

Address, 561 Aliceanna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64187 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Quinn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State of country, and how long in the United States, if of foreign birth.} ~~D~~ Ireland 63 years

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 23 Penny St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Cachexia

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 9 1883

Undertaker, C. F. Krauss

Place of Business,

D. Dollon M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special attention to any symptoms of suspiciously infectious or contagious disease, and see List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64/185 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Luckhart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ... *Months,* ... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 132 Lancaster St

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,) " "

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 8

Undertaker L Sander

Place of Business, ...

Geo F. Dunn M. D.,
Medical Attendant.

Address, Health Comm.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6486 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Jones

Sex, Male or Female, {required in this line.}

Age, One *Years,* Three *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 457 N Calhoun St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 8th

Undertaker, Chas J Sexton

Place of Business, 271 Eutaw St

Elias C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6418 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday, Feby. 8th, 1883 1:40 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Thompson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Two Years, Ten Months, Days

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 9 Strathdene Ave.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb 9th 1883

Undertaker, Wm. J. Hoelscher

Place of Business, Park & Lanvale Sts.

Wm. H. Sherdell M. D.,
Medical Attendant.

Address, 1 E. Eu. Chamberlain Ave. Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Kittlebrand

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {cross out the word not required in this line.} None

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 34 Abbott

Cause of Death, First, (Primary.) Variola

Second, (Immediate.) Congestion of the Lungs

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, E.O.

Date of Burial, Feb 7

Undertaker, M Coleman

Place of Business,

Mrs N. Hill M.D.

Medical Attendant.

Address, 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 64187 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 8 1883

Date of Death, Feb. 7. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hamill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, colt

~~*Married, Single, Widower*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and Number.} 63 W Ridale st

Cause of Death, First, (Primary,) Consumption of lungs

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Jan 9 1883

Undertaker, J. F. Burns

Place of Business, 59 Liberty st

G Lane Tarrytheil M. D.,
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 6419 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or be requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin O. Hubbard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 44 Chanel

Cause of Death. First (Primary). Dept Uremia

Second (Immediate). Convulsions

Duration of Last Sickness. about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 9, 1883

Undertaker Wm H. Hickman.

Place of Business, 234 N. Gay *Address,* 256 E. Pratt

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Th? Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 64191 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schaefer

Sex, Male or ~~Female~~ {Cross out the word not}

Age, 47 *Years,* 11 *Months,* 8 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Stonemason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 6 South St.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 8

Undertaker, Walter Emmet

Place of Business, 315 W. Biddle *Address,* 226 Myrtle av

Louis (illegible) Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64192 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 9 1933

CERTIFICATE OF DEATH.

Date of Death, Sept 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days,*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 Setton Pl

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Sept 8

Undertaker S W Chase

Place of Business,

Sw. H Dixon M. D.,

Medical Attendant.

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians ... to the back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64793 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 8 1883

CERTIFICATE OF DEATH.

Date of Death, July 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dougan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State in country, and how long in the United States, if of foreign birth.} City always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Chronic Cystitis & albuminuria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial. Bonnie Brae

Date of Burial. July 8th 1883

Undertaker, McGinnis & Co

Place of Business, 13 E. Lombard St.

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of physicians is respectfully invited to the Schedule below, and to LIST of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64194 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in *his* last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 3, 8 1883

Date of Death, Feb 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Bowers

Sex, Male or Female, {Cross out the word not required in this line.} F

Age 37 *Years* *Months* *D*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 71 Perry st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 8

Undertaker, J Ross

Place of Business,

Chas K Davis M. D.,

Medical Attendant.

Address, Cor Lexington & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64195 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 7th Feb. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baumer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age. 12 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} #4 S. Chapel St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Uncertain as to Cause of Convulsions

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial. Feb 8th 83

Undertaker, G. France

Place of Business, Frank & Hoffe

Jno. E. J. Toms M. D.
Medical Attendant.

Address, #373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64196 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florentina Falkenstein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 216 S Wolfe

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, R Cathedral

Date of Burial, Sept 8

Undertaker, E France

Place of Business,

Geo. A. Dixon M. D.,
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64197 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last sickness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED DEC 8 1883 REGISTRAR OF VITAL STATISTICS BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Hamlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age Years 2 Months, 12 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Living

Place of Death, {Give street and Number.} 755 Hillen

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cetra Hill

Date of Burial, Dec. 9

Undertaker, B. Hale

Place of Business, No 82 West st

Act. Cook M. D.,
Medical Attendant.

Address, 57 E Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore, 20 4

Permit No. 64198 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malinda Lockwood

Sex, ~~Male or Female~~ (Cross out the word not required in this line.)

Age, 75 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 391 N. Eutaw st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Feby 10th 1883

Undertaker Henry Mitchell

Place of Business, 550 W Fayette

Signature, [illegible] M. D.,

Medical Attendant.

Address, 584 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64 199

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 9 1883

CERTIFICATE OF DEATH

Date of Death, Feb. 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vaughn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 87 Clinton Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial; Feby 10/83

Undertaker, Dailey & Mitchell

Place of Business, 58 & 11 Fayette St

J. Rehmeyer M.D.,

Medical Attendant.

Address, 231 Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Ward 5

Permit No. 6420 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb the 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, ~~Months~~, 6 weeks Days

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 98 East St.

Cause of Death, First (Primary), Spasmus

Second (Immediate).

Duration of Last Sickness, 1 day

{the above information should be furnished by the Physician.}

Place of Burial, Laurel Cemtay

Date of Burial, Feb the 9th

Undertaker, Wm Madini

Place of Business, East St.

Geo W. Dunton M. D

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64201 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 8 1883

Date of Death, Feb 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sofhia Olarn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 209 Caroline Ave

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,)

Duration of Last Sickness, Several days Complaining

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 9

Undertaker, W Dittrell

Place of Business, 157 Bond

James E Deville M. D.
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 64202 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Mildred Tobbs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 839 W Lombard St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, 9 February

Undertaker, John P. Manly

Place of Business, 66 Fredk St *Address,*

L. Ludlow M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6420 30 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 8/83.

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Ann McMahon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years;* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 25 Stockton st

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Heart disease & Dropsy

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cem

Date of Burial, Feb 9th

Undertaker, Martin Fahay

Place of Business 128 Lanvale

G. H. Annis M. D
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 64204 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Cliff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... 2 *D.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 172 William st

Cause of Death, First, (Primary,) Cause Pending

Second, (Immediate,)

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 9

Undertaker, B. Hearle

Place of Business, 82 West Pt.

O. A. Cook M. D.
Medical Attendant.

Address, 573 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 6420

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 5 1893

CERTIFICATE OF DEATH.

Date of Death, 1893 Feb 1

Full Name of Deceased, {Write out in full and spell correctly. If an infant give names of parents.} Chas W Ockney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 Years, Months, Days,

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 203 Caroline

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 5

Undertaker, A Kenealy & Son

Place of Business,

Geo N. Gunn M. D.
Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health. City of Baltimore,

Permit No. 64206 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 8 1883

Date of Death, Feb 7th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Butler

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 8 *Days*

Colored, (Colored)

~~Married~~ *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Richmond St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 11th 1882

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St. *Address,*

Robt H Wilson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, 3 1/2 P.M. 7th February, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Daniel Hicks

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, 44 *Years,* 8 *Months,* 17 *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Waiter and Caterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 76 N. Howard St. Baltimore

Cause of Death, First, (Primary.) Softening of the brain

Second, (Immediate.) Paralysis

Duration of last Sickness, Sick for several years - Last attack 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Potters Cemetery

Date of Burial, Feb 10th 1883

Undertaker, Wm. James Gay

Place of Business, 65 Mulberry St

Wm. L. Wood M.D.
Medical Attendant.

Address, 236 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64208 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 106 Bond Alley

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Feb 9

Undertaker, W J Gray

Place of Business, ...

Geo A Dennis M. D.
Medical Attendant.

Address, 1 and Aliens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6420 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mantz

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single or Widow(er),*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 37 N. Pratt St.

Cause of Death, First, (Primary,) Consp. Brain Pro

Second, (Immediate,) Ex Hemorrhage

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 11th 1883

Undertaker, Geo Scantlebury

Place of Business, 213 N. Paca St

J. Ricketts M. D.,
Medical Attendant.

Address, 530 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6421 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 9 1883

Date of Death, January 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 Months Years, Months, 12 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 40 North Chapel Street

Cause of Death,
First, (Primary,) Cerebral Disease
Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 6

Undertaker, W. H. Coleman

Place of Business,

Alfred Whitehead M. D.
M. R. C. S. Eng. Medical Attendant.
Address, 14 North Chapel Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 11 of Instructions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6421 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, Dec 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Monroe

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lovett

Date of Burial, Dec 9

Undertaker, W Bishop

Place of Business,

Wm H Simms M. D.,

Medical Attendant.

Address. 27 Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6481 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 1 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas McNeal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 *Days*

Color, M. L.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 246 Hollens St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 9th 1883

Undertaker, Jos L Cook

Place of Business, 5 East Baltimore Street

Robt K Neal M.D.

Medical Attendant.

Address, 557 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6452.3 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, February 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard J. Croston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Scholar Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Gilmor & Pratt Sts

Cause of Death, First, (Primary,) Injuries — Run over by Cart.

Second, (Immediate,) Fract. Skull & internal injuries

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 10th 1883

Undertaker, J. & J. Cook

Place of Business, No 707 W Baltimore Street

Alexander Smiley M. D.,
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side hereof as to List of Diseases on which of this Certificate

Board of Health, City of Baltimore,

Permit No. 6/2/14 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Brady

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 *Years,* *Months,* *Days.* √

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washer & Ironer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 19 Fish-Market Space

Cause of Death, { First, (Primary,) Paralysis 1 day

Second, (Immediate,) }

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, Feby 9/83

Undertaker, G. W. Perkins

Place of Business,

F. H. Connelly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 6421 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Sepp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 S. Mountain

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, One Day

the above information should be furnished by the Physician.

Place of Burial Mount Lawn

Date of Burial, Feby 11th 1883

Undertaker Henry Schrieber

Place of Business 552 Canton Ave *Address* [illegible]

Medical Attendant, [illegible] M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Mortuary Report, and to Rules of Direction on page of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64216 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Esser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age 8 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 132 Lancaster

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, Feb 2

Undertaker, Schuder

Place of Business,

Geo F. Dunn M. D.,

(Medical Attendant.)

Address Cor Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6491 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bittner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~XXX~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 40 Lancaster

Cause of Death, First, (Primary,) Severe burn on left Arm

Second, (Immediate,) & Sudden Convulsive Small Pox

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Febuar 9th

Undertaker, Leonhard Kurtz

Place of Business, 277 S. Bond Street.

James E Donlin M. D.
Medical Attendant.

Address 198 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

5

Board of Health, City of Baltimore,

Permit No. 64218

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responcible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hucksters

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 107 Hillen St

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Feb 11 1883

Undertaker, James D Byrne

Place of Business, No 63 W Front

Sam J. Bath M.D.,
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Penalty

Board of Health, City of Baltimore,

Permit No. 64219 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Brown

Sex, Race or Color, Married or Single, { Required in this line. }

Age, ... *Years,* ..... *Months,* 14 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } H Pennsylvania

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial. Feb 9

Undertaker, W R Dwyer

Place of Business, ...

Wm H Brown M. D.

Medical Attendant.

Address, 1 N Pulaski

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6429 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 9 1883

Date of Death, February 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Hutton.

Sex; Male or ~~Female~~; { Cross out the word not required in this line. }

Age, three *Years,* Eight *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and Number. } No. 4 Walkers Court

Cause of Death, First, (Primary,) Tonsilitis

Second, (Immediate,)

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 9th 1883

Undertaker, Wm M Burger

Place of Business, 62 East, 31st

Frances A Sauer M. D.,
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and Ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Notice, and to Compliance therewith.

Board of Health, City of Baltimore.

Permit No. 64221 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 5 1887

Date of Death, Feb 4th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Schaer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Eutaw & Bethel st

Cause of Death, First (Primary), Diarrhea

Second (Immediate),

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, 7 Feb

Undertaker M Shappel

Place of Business, 151 S Bond

M. D.

Medical Attendant.

Address, 243 Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64222 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 9 1933

Date of Death, Feby 7 1933

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Kaufman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 90 Bank

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Anemia

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial St Stanislaus C

Date of Burial, Feb 7

Undertaker, W Leipold

Place of Business, 515 Bank St

D L Fitzpatrick M. D.
Medical Attendant.

Address, 719 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64223 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 8 1883

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilke

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 3 Brick al

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Meningitis

Duration of Last Sickness, 10 days

At the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feby 9th 3 P. M.

Undertaker, H. Briele

Place of Business, Henrietta street

C. L. Buddenbrock M. D.,
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64224 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1883

FEB 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Shaw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 288 Saratoga St.

Cause of Death, First, (Primary,) Strangulated Hernia

Second, (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 9th 1883

W. D. Booker M. D.,
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 10 N Fremont Address, 152 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64225 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Eigeldinger

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} No 12 Union St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Febr. 10

Undertaker, Walter Immel

Place of Business, 315 West Biddle

Wm A Hoale M. D.,
Medical Attendant.

Address, 152 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64226 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Daily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No. 68 N Duncan Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Coma

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 9th 1883

Undertaker, M A Shipley

Place of Business, 74 Pr. St.

W H Tabby M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6422 / *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1913

CERTIFICATE OF DEATH.

Date of Death, Feb the 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harkles Lowrence

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 94 *Years,* 2 0 10 *Months,* / *Days*

Color, /

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.} 6

Occupation Wood Sawer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbott County Md

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} 120 S Bathel St

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, Dallas St Centry

Date of Burial, Feb the 9th

Undertaker Johin Looll

Place of Business, Wolf St

Geo. W. Brune M. D.

~~Medical Attendant.~~

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6428 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 8

Full Name of Deceased { Write legibly and spell correctly. If an Infant of parents. } Frank S. King

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Y

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 445 Eutaw Place

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial. Feby 10/83

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

J H Wilson M. D.,
Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 64229 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 7-1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E C

Date of Burial, Feb 8

Undertaker, H Coleman

Place of Business, ...

S. O. Gootman M. D.,
Medical Attendant.

Address, St Joseph's Hosp
326 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6423 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hernda Constaves

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 49 *Years,* 4 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} 872 N. Gay

Cause of Death, First, (Primary,) Phthisis Pul.

Second, (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th

Undertaker, Geo. Schilling

Place of Business, 1st and Eynas

H. F. Reinold M. D.,

Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6721 *Office of Registrar of Vital Statistics.* Ward C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 9 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie McDaniel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} /

Age, ____ *Years,* ____ *8 Months,* ____ *2 D*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and Number.} 44 E. Washington St.

Cause of Death, First, (Primary,) Scarlatina,

Second, (Immediate,) Meningitis

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Mount Lavinia Cemetery

Date of Burial, Febry 10th 1883

Undertaker, John Tyler

Place of Business, 1661 Balto St

G. G. Rieck M. D.
Medical Attendant.

Address, Balto & Paul. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6F282 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josepha Lutz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 275 Sharp st

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem

Date of Burial, Feb 11th 1883

Thos. Moore, M. D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp st

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 4233 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday Feb 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Cluffany

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 28 E Donnell St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Feb 12 '88

Undertaker, G. Frame

Place of Business, Bank & Wolfe

J E Packard M. D.
Medical Attendant.

Address, 28 E Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64234 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ?

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 368 Caroline Ave

Cause of Death, First, (Primary,) Valvular (Heart) disease

Second, (Immediate,) .....

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 12th 83

James E. Smith M. D.,

Medical Attendant.

Undertaker, G. Frank

Place of Business, Bens & Wolf *Address,* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

Permit No. 64233 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH

Date of Death, 8th February 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph M. Simms

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Store Dealer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 484 Lexington St.

Cause of Death, { First, (Primary.) Phthisis Pulm. / Second, (Immediate.) 9 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb 11th 1883

Undertaker, { *Place of Business,* } Fr. J. Mackey Park & Eutaw St

D. W. Cuddy M.D.,
Medical Attendant.

Address, 48 McCulloh

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64236 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 9th; 11:30 a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thompson

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.} male

Age, Years. Months. Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City. —

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 3 Stretch Lane rear.

Cause of death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feb 10th 1883

Undertaker, John S. Hopkins

Place of Business, Park & Fayette sts

Geo. Welderdice. M. D.,

Medical Attendant.

Address, E. Co. Columbia Ave & Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Cammert

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 23 Years, — Months, 7 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 228 Saratoga St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Feb 11

James M. Fechtig M. D.
Medical Attendant.

Undertaker, Walter Emmart

Place of Business, 313 W. Biddle Address, 182 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 64238 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzy Bennett

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and Number. } 18 Winter

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 10th 83

Undertaker, Geo W Boehm's

Place of Business, 13 d Henrietta

A. Poteat M. D.

Medical Attendant.

Address, 3 W Lex

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6423 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Garrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State if in country, and how long in the United States, if of foreign birth.} Lynchburg, Virginia

Duration of Residence in the City of Baltimore, 13 Y

Place of Death, {Give street and Number.} 63 Perry St—

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, February 11

Undertaker, H Ross

Place of Business, 95 Monument St

Medical Attendant. M. D.

Address, 162 S Charles St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6429 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 10 1883

Date of Death, July 9, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shedrack Bond

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 14 Gilbert Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 11 1883

Undertaker, D Wallace

Place of Business, 14½ Howard St

J. Gray Smith M.D.,

Medical Attendant.

Address, Odenton Anne Arundel Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64241 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannitte Palmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 Years, Months, Days,

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or county, and now long in the United States, if of foreign birth,} Va

Duration of Residence in the City of Baltimore, 1 8 yrs

Place of Death, {Give street and Number.} 41 S Church st

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Ebenezer

Date of Burial, Feby 10 1883

Undertaker, S Wheeler

Place of Business, 199 Howard st

Dr P Ellis M. D., Medical Attendant.

Address, 31 S Eight st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Allen Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 8 New Church St

Cause of Death First, (Primary.) Smallpox

Second, (Immediate.)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount

Date of Burial, Feb 10 1883

Undertaker, S. W. Chase

Place of Business, 178 Howard St

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 W. Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64243 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Rasenberger

Sex, Male or ~~Female~~ { Cross out the word not }

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Box maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 264 N. Central Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Paralysis of the heart

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St James Centre

Date of Burial, Feby 11 1883

J. H. Guns M. D.

Medical Attendant.

Undertaker, Henry Rest

Place of Business, 209 Central Ave *Address,* 259 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[Over.]

Board of Health, City of Baltimore,

Permit No. 64244 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 10 1883

Date of Death, Feb 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Plummer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 126 E Madison St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Consumption

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 11th 1883

Undertaker, Hy W. Mears

Place of Business, ~~45 N Gay~~ *Address,* 9 & 11 E Saratoga St

Thomas Skinner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64245 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Fuchs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age Years 2 Months 2 Days

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 291 E. Eager St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 291 E. Eager

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, February 11th day 1883

Undertaker, J. D. Reasing

Place of Business, 125 Aisquith St.

J. H. Connelly M. D., Medical Attendant.

Address, Colvin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64246 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 10 1893

Date of Death, February 9 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie J. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} # 157 N. Dallas St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Laryngeal Stenosis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 11-1893

G F Taylor M. D.,
Medical Attendant.

{*Undertaker,* W W Madden

{*Place of Business,* 76 East Ost *Address,* 222 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6424 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas H. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 138 So Fremont St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Pulmonary Congestion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th 83

Undertaker, Fry & Bro

Place of Business, 1716 Broadway *Address,* 168

Jno D Hart M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6424 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Finck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color. White

Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} N E Cor Bank & Castle Sts

Cause of Death, First, (Primary,) Smallpox

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 4

Undertaker, Wm Lee

Place of Business, 191 N Bond *Address,* Fourth Door

Geo. R. Benson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Blanks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6249 *Office of Registrar of Vital Statistics.* Ward 5

"The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Emily Hall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~ Years, 10 Months, 20 Days,

Color, ~~Colored~~

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~

Occupation, ~~

Birthplace, { State or country, and how long in the United States if of foreign birth. } Md. Balt. City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } * 181 N. Caroline st.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Effusion

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb. 11. 1883

Undertaker Wm. H. Hickman

Place of Business 234 N. Gay St.

Geo. H. Norman M. D.
Medical Attendant.

Address, * 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6425 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Hodgson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age 2 *Years,* 8 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rochester N. Y.

Duration of Residence in the City of Baltimore, 2 Years 2 Months

Place of Death, {Give street and Number.} 464 N. Fremont

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) —

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Feb 10th 1883

Undertaker Wm L. Hearn

Place of Business, 317 Mulberry St.

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6425 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death Feb 9 = 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Slocum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days,*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 2' Duncan Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox.

Duration of Last Sickness, 10 days

At the above information should be furnished by the Physician.

Place of Burial, Eastern. Pub. Cem.

Date of Burial, Feb 10 = 1883.

Undertaker, Coleman

Place of Business,

Geo. N. Dennis M. D.,
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Olive E. Dunning

Board of Health, City of Baltimore,

Permit No. 64252 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 7-1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Caughey

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age 3. *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 23 N Chapel

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, C.H.

Date of Burial, Aug 8

Undertaker, W Cookman

Place of Business, ...

Geo H Dunn M. D.,
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Typhoid Pneumonia

Board of Health, City of Baltimore,

Permit No. 6425 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Virginia Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 Yrs *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 41 Cans

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflamation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W.O

Date of Burial. Feb 4

Jno. N. Dinn M. D.
Medical Attendant.

Undertaker H Gardner

Place of Business,

Address, 1 Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 6425 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 Years, Months, Days,

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 82 Church

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Feb 4

Undertaker, F Kershner

Place of Business,

Wm H Dawson M. D.,

Medical Attendant.

Address, Cor of Church

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6725 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyneha Sanks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 2 3 *Months,* ____

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and Number.} 134 Western

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Small Pox

Duration of Last Sickness, ____

All the above Information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Feb 10

Undertaker, J Ver Linden

Place of Business, ____

Geo. H. Dunsil M. D.,
Medical Attendant

Address, 134 Western

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64256 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 10 1883

Date of Death, Feb. 10th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent -

Sex, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Measles.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 12th 1883.

Undertaker, Pat Hunt.

Place of Business, Irvin & Hunt

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section, 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 4267 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible]

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 174 W Fayette St

Cause of Death. First (Primary),

Second (Immediate). Heart Disease Instantly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Christ's Cemetery

Date of Burial, Feby 10 1883

Undertaker William Murphy

Place of Business 462 East St

Alexander Tansley M. D.
Medical Attendant.

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 64266 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Annie Waller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 251 Druid Hill Avenue

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Cathenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Mary's

Date of Burial, Feb 12th 1883

Undertaker, [illegible]

Place of Business, [illegible] *Address,* No. 1 S. Broadway

Jno. S. Steele M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted, and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64259 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, February 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Years, 11 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 29 Wayne St

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Feb 11th 1883

Undertaker, J. H. Butler

Place of Business, 98 Saratoga St

Jos. Bece M. D.,

Medical Attendant.

Address, 161 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64260 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th. 1883.

FEB 10 1883 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Scott.

{Cross out the word not required in this line.}

Age, / *Years,* / *Months,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 38 Barnes St.

Cause of Death, First (Primary),

Second (Immediate). Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Holbrooks Cem.

Date of Burial, Feb. 11th 1883.

A. F. Erich M. D.
Medical Attendant.

~~*Undertaker*~~ *&*
Place of Business, 461 W. Gay St. *Address,* 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6426 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Jackson

Sex, White or Female, {Cross out the word not required in this line.} Colored

Age, 4 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 12 Sarah Ann St

Duration of Residence in the City of Baltimore, will her life

Place of Death, {Give street and Number.} 89 Sarah Ann St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11

Undertaker Thomas Newbert

Place of Business, 84 Pearl

Amanda E. Taylor M. D.
Medical Attendant.

Address, 93 North Strieker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6926 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis F. Buck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* / *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, /

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Fracture of neck of Femur

Second, (Immediate,) General Debility

Duration of Last Sickness, 3 weeks and 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, June 11

Undertaker, A. H. Blizzard

Place of Business, 178 Pratt

H. Faucett M. D.

Medical Attendant.

Address, 92 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6426 3 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dooley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Philadelphia Road

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate,) Marasmus

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial. Feb. 11. '83

Undertaker, M. A. Dayer

Place of Business, 74 S. Bway

G. G. Lusk M. D.
Medical Attendant.

Address, Balto & Philad. Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 3

Permit No. 64264 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 10 1883

Date of Death, Feb. 9th 9 40 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E. Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nantucket Mass.

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and Number.} 94 S. Broadway

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Passage of Gall Stone.

Duration of Last Sickness, Sent for Feb. 5th.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby. 12th 1883

Undertaker, M. H. Dwyer

Place of Business, 74 S. Bway

James E Dennette M. D.
Medical Attendant.

Address, 299 E Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 64265 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Lloyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age 3 *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 1/2 N. Sharp St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Lloyd Hebron

Date of Burial, Febr 11th 1883

Undertaker, Wm Edlow

Place of Business, 101 Gay St. *Address,* 5 Franklin St.

John Morris M.D.
Medical Attendant.

Received

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Article [illegible] of the Code.

Board of Health, City of Baltimore.

Permit No. 64266 *Office of Registrar of Vital Statistics,* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret McAleese

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 46 Warren Ave

Cause of Death, First (Primary), General debility & old age

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 11th/83

Undertaker C. F. Krauss

Place of Business,

Edwd F. Nicholson M. D.
Medical Attendant.

Address, 283 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 6426

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death Feb 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Hayett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.) Pulmonary Tubercula

Second, (Immediate.)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, E. O

Date of Burial, Feb 12

Undertaker, J. J. Coleman

Place of Business,

Thos J Ward M.D.,

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64268 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1883

Full Name of Deceased, { Write last name and each } { correctly. If an infant } { not named, give names } { of parents. } Wm. L. H. [illegible]

Sex, Male or Female, { Cross out the word not } { required in this line. }

Age, 2 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not } { required in this line. }

Occupation, —

Birthplace, { State or country, and how } { long in the United States, } { if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and } { Number. } 142 E. Fayette St.

Cause of Death, First, (Primary,) Catarrhus malignus

Second, (Immediate,) Meningitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, Feb 8th

G. H. Lurb M. D.

Medical Attendant.

Undertaker, H. Lefevre

Place of Business, 151 E. Bare Address, Balt. & Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 64261 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, [illegible]

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore [illegible]

Place of Death, { Give street and Number. } [illegible]

Cause of Death, First (Primary), [illegible]

Second (Immediate), [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker [illegible]

Place of Business, [illegible] *Address* [illegible]

[illegible] M.D.

Signature of Informant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6420 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 11 1883

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} John Adam Seifert

Sex. Male or Female, {Cross out the word not required in this line} Male

Age, 9 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, School boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Philpot St.

Cause of death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Smiths Cem

Date of Burial, Feb 14th

Undertaker, M Seiffert

Place of Business, 157 S Bond St

Jno. S. Lynch M. D.
Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or other Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 6427 1 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby. 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa E. Bock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 52 Fair Mt. Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, Feb 11th 83

Undertaker, G. France

Place of Business, Bonte & Wolf

J. H. Collenberg M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Registration.

Board of Health, City of Baltimore.

Permit No. 6427 **Office of Registrar of Vital Statistics.** **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1883

Name of Deceased, { Write legibly and spell without abbreviations. } Jennie Hanna

{ of parents. } Hannah

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 *Years,* *Months,* *Days*

Color White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore

Place of Death, { Give street and Number. } 1 N Gilmor

Cause of Death,

First (Primary) Diphtheria

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 11th 83

Undertaker G. Frank

Place of Business, Davis & Wolfe *Address* 219 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 64273 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch 11th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Richard

S[illegible] W[illegible] (Cross out the word not required.) [illegible]

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Born Here

Place of Death, {Give street and Number.} No 114 Dreer ave 6th

Cause of Death, {First, (Primary,) .....
Second, (Immediate,) Variola

Duration of Last Sickness, 1st 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Baero

Date of Burial, Feb 12

{*Undertaker,* H Hofman
Place of Business, ...} H. Stull, M. D., Medical Attendant.
Address 918 Bernadou

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6429 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 11 1883

Date of Death, February 11, 1883

Full Name of Deceased, {Write plainly and spell correctly. If an Infant not named, give names of parents.} Ella Gene Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 548 N. Gay St.

Cause of Death, First, (Primary,) Scarlatina and its results.

Second, (Immediate,) Nephritis and Rheumatism Pneumonitis, Softening.

Duration of Last Sickness, About 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 12, 1883

Undertaker, George Schilling

Place of Business,

W. W. White M. D.
Medical Attendant.

Address, 324 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64275 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 11 1

Date of Death Feby 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Neil

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 South Bethel St.

Cause of Death, First (Primary), Erysipelas

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Feby 11th 82

Undertaker John Ford

Place of Business Broadway & Fayette

Address 2 S Bethel St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in this said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case has been referred to him, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6426 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 11 1883

Date of Death, February 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Julia Ebey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 48 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Since Life

Duration of Residence in the City of Baltimore, Since Last Census

Place of Death, {Give street and Number.} 82 Linden Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Charles

Date of Burial, Feb 9th

Undertaker, S W Chase

Place of Business, 98 Howard Ave

Sol Beer M. D.,
Medical Attendant.

Address, 101 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions below, and to List of Diseases, &c.

Board of Health, City of Baltimore,

Permit No. 64277 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 11 1883 REGISTRAR

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John James Berton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 114 S Stricker St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, about 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 12 1883

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St

P M McKaver M. D.

Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 64578 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or ~~render himself~~ if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachell Jane Peace

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} 68 Hamburg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 12th

Undertaker, H. F. Cowgill

Place of Business, 5 & 7 Broadway

R. J. H. Face, M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [or...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 64279 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Joseph Kamp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and Number.} 139 Gough St.

Cause of Death, First (Primary),

Second (Immediate). Small-pox

Duration of Last Sickness, Ninth day

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, Febr 11th 1883

Undertaker Leonhard Feurz

Place of Business, 27 E. Baltimore St.

A. V. Gouveiler, M. D.
Medical Attendant.

Address, 253 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6428 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th February 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leopold Bartelmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} N. Wolfe str. 53

Cause of Death, First, (Primary,) Variolaes

Second, (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Ld Asylum

Date of Burial, Feb 12 83

Undertaker, G. Frame

Place of Business, Bank & Wolfe

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe str. 114

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64281 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} Henry Flick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number.} 292 S. Dallas St.

Cause of death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. H. Cemetery Cem

Date of Burial, Feb 12 1883

Undertaker, G. Framer

Place of Business, Baish & Wolfe *Address,* 18 S. Broadway

Jno. S. Lynch, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64282 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie Glenny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 776 N Bond

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) do

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feby 12 1883

Undertaker, H. Hartman

Place of Business, 63 N Eden st

C. A. Johnston M. D.,
Medical Attendant.

Address, 42 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64283 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 15th day of February 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Henr.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime ✓

Place of Death, { Give street and Number. } F. Madeyra Alley 162.

Cause of Death, First, (Primary,) } Apoplexia nervosa

Second, (Immediate,)

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby 17th 1883

Undertaker, H. Sander Son

Place of Business, 252 Canton Ave

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over.

Board of Health, City of Baltimore,

Permit No. 6428 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Barbara Crick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 42 *Months,* 10 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 832 Fremont St.

Cause of Death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, Feby 12th 1880

Undertaker, H C Sands & Son

Place of Business, 202 Eastern Ave *Address,* 832 Fremont St

E D Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64286 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 12 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Katrina Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days* 14

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 457 N. Fremont St.

Cause of Death, First, (Primary,) Cyanosis from malformation of heart

Second, (Immediate,) Exhaustion

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 12

Undertaker, Walter Emmert

Place of Business, 313 West Baltimore

M. Robert M. D.
Medical Attendant.

Address, 330 Druid Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

Permit No. 64286 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dolia Diskook

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 259 S Bond

Cause of Death, First (Primary), Croup 7 dy

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb 12th

R. W. Mansfield M. D.
Medical Attendant.

Undertaker W. E. Pyatt

Place of Business, S. Bond st. 15 *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6428 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Febr 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Geiler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 153 N. Chapelle

Cause of Death, First, (Primary,) Cerebro meningitis purulenta

Second, (Immediate,)

Duration of Last Sickness, 7 days.

N. The above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. Feb 12th

Undertaker, H. Leitch

Place of Business, 151 S Pearl

Dausch M. D.
Medical Attendant.

Address, 3 N. Binney

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

16

Permit No. 64284

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Wilkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 1 Bankard Lane

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, 12th Feby

Undertaker, Mr. Rost

Place of Business, Cor. Pacca & Conway

R. C. Smith *M.D.,*

Medical Attendant.

Address, #106 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6289 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1893

CERTIFICATE OF DEATH.

Date of Death. Feb 10 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Warren

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days,*

Color, Mulatto

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Messenger in Custom House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 139 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malarial Fever (Typhoid)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, February 12

Undertaker, Hercules Ross

Place of Business, 75 Conway St

Wm A Hall M. D.
Medical Attendant.

Address, 68 Patapsco

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to this Certificate, and to Rule of Attention on the Back of

Board of Health, City of Baltimore,

Permit No. 64298 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, February 11 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave C Dohme

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 86 E. Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 14th 1883

Undertaker, Dennis & Mitchell

Place of Business, 43 & Broadway

J. W. Hook M. D.,
Medical Attendant.

Address, 713 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6429 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Anna McDaniel

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

7 11 Years 10 Months,

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 N. Washington st

Cause of Death, First, (Primary.) Pneu. Insanity

Second, (Immediate,) Asthenia from Exhaustion - Insanity fed Per

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feby 13 th 1883

Undertaker, John Tate

Place of Business, 166 Balto St

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6492 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, February 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 86 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

~~Occupation~~, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 63 Jefferson St

Cause of Death, First, (Primary,) Senility and shock from fall

Second, (Immediate,) .....

Duration of Last Sickness, Fell on ice Jany 31-83

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feby 13th 1883

Undertaker, John Lake

Place of Business, 166 E Balt St

D M Gatchell M. D., Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ~~within forty-eight hours~~ after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 64293 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Gempleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 367 Lexington

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Feby 12th 1883

Undertaker, Sturdivant & Mowen

Place of Business, 35 Park ave

W. McCleary M. D.
Medical Attendant.

Address, 17 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6429 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific[illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* [illegible] the death of [illegible], if requested so to do, under penalty of law.

FEB 12 1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1883

Full Name of Deceased, { Write legibly and spell correctly. If an [illegible] not named, give name of parents. } Henrietta [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, [illegible] Months [illegible] Days,

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, and how long in the United States, if of foreign birth: } Balto

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 444 E. Pleasant St.

Cause of Death, { First, (Primary,) Pairola hemorrhagic
Second, (Immediate,) Hemorrhage from lungs } [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feb. 12 1883

Undertaker, Henry Hoke

Place of Business, 389 N. Eutaw St.

H. H. Smith M. D.,
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, (when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6429 — *Office of Registrar of Vital Statistics.* — Ward 13

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 12 1883 BALT

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mc Gowan

Sex, Male or Female, {Cross out the word not required in this line.}

Age 47 Years

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland, Thirty years

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Cancer of superior maxilla

Second, (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial Feb 13 1883

Undertaker, Henry Hoche

Place of Business, 309 W. Pennsylvania Ave

C. F. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 6496. *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1893

CERTIFICATE OF DEATH.

Date of Death, February 10th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. D. Gardiner Jr

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Years, 15 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 32 N. Market Space

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Feb 12

Undertaker J. P. Byrne

Place of Business,

Geo. B. Gunter, M. D.
Medical Attendant.

Address, 171 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician ~~who attended during his~~ or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6429 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 9, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Murray

~~Sex, Male or Female~~ {Cross out the word not}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Black

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 198 Robert st

Cause of Death, First, (Primary,) Thrush

Second, (Immediate,) .....

Duration of Last Sickness, a week or two, (I attended it Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7 1883

Undertaker, Wilson Morgan

Place of Business, No 62 East Pratt

J. McHood M. D.
Medical Attendant.

Address, 322 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6212/98 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

FEB 12 1893

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11, 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Graham Ziesel

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 18 S. Allington

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood poisoning

Duration of Last Sickness, Don't Know—Dr only attended two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 12th 1893

Undertaker, Henry Mitchell

Place of Business, 530 Fayette St

John Hood M.D.
Medical Attendant.

Address, 322 Holliday

Certificate

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6299 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feb.y 11th 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederic Kolb

Sex, Male or ~~Female~~, {Cross out the word not required in this line} "

Age, 11 *Years,* 1 *Months,* 1 -

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} "

~~Occupation~~, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 16 Hudson Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.in

Date of Burial, Feb 12th 1883

Undertaker, Chas. T. Scriven

Place of ~~Business~~, 271 N. Eutaw St. *Address,*

C. Abrams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6420 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death Feb 11th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A Hutt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widowed or Widower {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 217 N. Wolf St.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Co.

Date of Burial, Feb 12/83

{ *Undertaker,* Jno Ryan
{ *Place of Business.* 8 N Broadway

H. H. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64301 — *Office of Registrar of Vital Statistics.* — Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 12 1903

CERTIFICATE OF DEATH.

Date of Death, Feb. 10, 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie W. Conway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 yrs *Years,* 7 *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 38 Conway St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feby 13th

Undertaker, H. W. Orrell

Place of Business, #137 Hanover. *Address,*

John Morris M. D.

Medical Attendant.

No 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 64 302 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hammel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 60 *Years.* *Months.*

Color, Mulatto

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Encephaloid Cancer of Breast

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About two Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb. 12th 83

Undertaker, Matthew Cochran

Place of Business, 227 Mulberry St

S. O'Connor Brown M. D.
Medical Attendant.

Address, St Joseph's Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

Permit No. 6430 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Catherine Chandler

Sex, Male or Female, {Cross out the word not} Female

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 377 Hanover

Cause of Death, First (Primary). Pulmonary Consumption

Second (Immediate).

Duration of Last Sickness, Nr 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 13th

Undertaker H. C. Windefeld

Place of Business, 90 Gruenmount Ave

Medical Attendant. Edw'd L. Mitchell M.D.

Address, 283 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6307 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Lotz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Yrs

Place of Death, {Give street and Number.} No 14 Stockholm St

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Abdominal Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 13th 1883

Undertaker, Julius Koehler

Place of Business, 1 Wayne Ave

J. C. Burch M. D.
Medical Attendant.

Address, 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances A Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 7 Months,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 yr 7 Mo

Place of Death, {Give street and number.} 5 Randall St

Cause of Death { First, (Primary.) Teething
Second, (Immediate.) Spasms
Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill N. C. Ch

Date of Burial, Dec 13

{ Undertaker, B. Hurd
Place of Business, 48 West St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 10th, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanora (Elnora) Holly

Sex, ~~Male or~~ Female, {required in this line.}

Age, 2 Years, 9 Months, 24 Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Waterford, Ireland 1 yr. 8 mos.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Burrough St.

Cause of Death { First, (Primary.) Burns (Cloth & paper fire as above)
Second, (Immediate.) (both legs, abdomen, chest & face. Bumb gutta

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, B. Ritter, C

Date of Burial, Feb 11

Robert E Lowe, M D
Medical Attendant.

{Undertaker, B. Kleck
{Place of Business, 62 West St

Address, 933 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases Over...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mike Norton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Seven Months, Eleven Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 371 Cathedral St.

Cause of Death, {First (Primary.)} Capillary Bronchitis

{Second (Immediate.)} Suffocation & Convulsion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, Feb 16/2

{Undertaker, C. C. Jensen

{Place of Business,

T. P. McCormick M.D.
Medical Attendant.

Address 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64308 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, February 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Bracklein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 16 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and Number.} 12 Burgundy St

Cause of Death, First, (Primary,) Diphtheria Maligna

Second, (Immediate,) Prostration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 12th

Undertaker, Wm J. Fulmer

Place of Business, 65 E. Eutaw St

C. L. Baddeboke M. D.,
Medical Attendant.

Address, 166 Da Vinci St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Balt...

Permit No. 64309

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

1883

CERTIFICATE OF DEATH

Date of Death, February 9th 1883

Full Name of Deceased, {If child born dead, state correctly. If an infant not named, give names of parents.} Julia Ann Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* 0 *Months,* ... *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washing & Ironing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queens Co Ireland

Duration of Residence in the City of Baltimore, Three & 4 years

Place of Death, {Give street and number.} No 29 Davis alley

Cause of Death, First, (Primary.) Disease of the Heart

Second, (Immediate.) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11th 1883

Undertaker, Geo W Perkins

Place of Business, 131 Hanover st

C F Bohrer M.D.
Medical Attendant.

Address, Corner Hanover & Mill

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 6 E 810 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11th February 1883

Full Name of Deceased, { Write legibly and spell not named, give names } James Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 6 *Years,* 9 *Months,* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 246 Hughes St

Cause of Death, First, (Primary,) Acute Laryngitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Shark at Cemetery

Date of Burial, Feb 12 1883

Undertaker, Geo W Perkins

Place of Business, 120 Henrietta

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13 Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 64311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 1883

CERTIFICATE OF DEATH.

Date of Death, February 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} Elizabeth Hall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 86 *Years,* — *Months,* —

Color, White

Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline Co: Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 194 Holliday Street

Cause of Death {First, (Primary.) Congestion of Lungs

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 14/1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

Medical Attendant, P. J. Tuite

Address, 507 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6432 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11 / 83

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names} William Kenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 87 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and Number.} 10 N. Pottspliten

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) .....

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville Md

Date of Burial, Feb 12 1883

~~Undertaker,~~ Wm B. Cook

Place of Business, No 707 N Eutaw

Thos O'Brien M.D.
Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6481 8 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 11 '9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Claude Lenhard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Md

Duration of Residence in the City of Baltimore, 21 yr

Place of Death, {Give street and Number.} 81 William st

Cause of Death, First, (Primary,) Pneumonia Typhoid

Second, (Immediate,) Pulmonary abscess Expiration

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Feb. 14 1893

Undertaker, J. B. Cook

Place of Business, 707 W Balto st

Wm. A. Ellis M. D.,
Medical Attendant.

Address, 313 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64314 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 11. 1883

Full Name of Deceased. {Write legible and spell correctly. If an infant record also names.} Enos Dillon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 2 Years, 6 Months, 2 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7 Fortieth pr Pittsburg Palmerston

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem,

Date of Burial, Feb. 13 1883

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

James Bordley M. D.
Medical Attendant.

Address, 319 Hadleim st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 6431 5 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... February the 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ..... Josiphus Willson

Sex, { (Cross out the word not required in this line.) .....

Age, ... *Years,* ..... *Months,* ..... 7 *Days.*

Color, ... Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ..... Baltimore

Duration of Residence in the City of Baltimore, ... Life Time

Place of Death, { Give street and Number. } ..... 110 Elbow Lane

Cause of Death. { First (Primary), ... Colic and in Spasms
Second (Immediate), ... }

Duration of Last Sickness, ... 2 days

the above information should be furnished by the Physician.

Place of Burial, ... Laurel Cemetery

Date of Burial, ... February th 12

{ *Undertaker* ..... Hartsorth Roose
Place of Business, ... }

Geo. W. Gwinn M. D.
Medical Attendant

Address, ... Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

5

Board of Health, City of Baltimore,

Permit No. 64316

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David A. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Da,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 34 S. Wakelay St.

Cause of Death, First, (Primary.) Gastro Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12 1883

Undertaker, W. Ellen Murphy

Place of Business, No 62 E. 25th St.

J. F. Schaeffer M.D.,
Medical Attendant.

Address, 1331 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6437 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} alfred Gordon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 77 Moores alley

Cause of death, First, (Primary,) Effects of Coal-gas poisoning

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ang St Cemetery

Date of Burial, Feb 13 1883

Undertaker, Alex Hemsley

Place of Business, Merchant

O Edw Jaggard M. D.,
Medical Attendant

Address, 242 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6818 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 2 *Months,* 0 *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and Number.} No 125 Chestnut Alley

Cause of Death, First, (Primary,) Exposure to Cold

Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 14 1883

Undertaker, A by Heyman

Place of Business, 116 Orchard

B Fletcher M. D

Medical Attendant.

Address, c. Druid Hill Ave & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, as the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 64819 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Name, {Write legibly and spell. If an Infant unnamed, give names of parents.} Geo. Wm. Newman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 25 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State the country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 846 N Butler st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Feb 13th 1883

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore street

J. C. Hemmeter M. D.
Medical Attendant.

Address, 26 East Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th February 1893

Full Name of Deceased, {Write legibly and spell; if not named, give names of parents} Mary Ann Linn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 47 Years, Months, D

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 76 Durrows

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, July 13th

J. Bacon, Medical Attendant.

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St Address, Cor Arlington ave & Mad

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Skarda

Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, 1 Months,

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 45 Abbott 3 yrs 1 mo

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 45 Abbott St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Asthenia Diptheria

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb 13th 1883

Medical Attendant, Eli Walls

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Address, 471 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 14324 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, February 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Grandell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 9 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 N. Bradford Alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, February 13th 1883

M. D.

Medical Attendant.

{*Undertaker,* Denny & Mitchell
Place of Business, 68 S Broadway} *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64323 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 12 1883

Date of Death, February 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Feuerbleuicht

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 42 *Months,* ____ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State if in country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 12 Cuba st Locust Point

Cause of Death, First, (Primary,) Mason

Second, (Immediate,) ____

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial. Feb 12th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64324 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~soon~~ if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 12 1893

CERTIFICATE OF DEATH.

Date of Death, Feby. 11 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theresa A Lee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 *Years,* ..... *Months,* .....

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 17 N. Wolf St

Cause of Death, First, (Primary,) Acute Pulmonary Phthisis

Second, (Immediate,) Tuberculosis Lungs Prolonged

Duration of Last Sickness, Three (3) Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Feb. 13 / 93

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

L. L. Wilkins M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 64825 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 257 N. Dallas St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 12 1883

Undertaker W. W. Madden

Place of Business, 46 East St

G. F. Taylor M. D.,
Medical Attendant.

Address, 2[illegible] W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully directed to the Circular below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64326 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ludwig Warnecke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 291 S Bond St.

Cause of Death, First (Primary), Variola, accompanied

Second (Immediate), by Convulsions.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Basilius Cemetery

Date of Burial, February 13th 1883.

Undertaker Leonhard Wurtz

Place of Business, 2[illegible] S Bond St.

John H Lehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6432 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and Number.} No 151 S Bond St

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, One Day

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 13th

Undertaker Wendell Dippel

Place of Business, S. Bond st. 151

C. C. Stith, M. D.
Medical Attendant.

Address 1 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully [illegible] of this C[illegible]

Board of Health, City of Baltimore.

Permit No. 6432 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1 1893

CERTIFICATE OF DEATH

Date of Death, Feb 12th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Thomas Beadle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 7 Months, 5 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 20 N. Eutaw

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb 12 93

Undertaker Wendell Dippel

Place of Business, S. Bond St. 750 *Address,* 4 N. Eutaw

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64329 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1900

Date of Death, Feb 1 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Thiele

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Unknown.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} No. 147 Columbia Ave.

Cause of death, First, (Primary,) Small-pox

Second, (Immediate,)

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, February 13 1900

Undertaker, Philip J. Deer

Place of Business, 183 Columbia Ave

Wm. E. Landers, M. D.
Medical Attendant.

Address, E. Cor. Columbia Ave & Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64330 *Office of Registrar of Vital Statistics.* Ward 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Seizole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 16 N. Wolf St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

Duration of Last Sickness, 7 Mo.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 14th 83

Undertaker, C. Franc

Place of Business, Bank & Wolf

E. P Sons M. D.
Medical Attendant.

Address, #373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No 6433 / *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie Ware

Sex, Race or Color, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* .....

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 27 George al

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 27 George al

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 13

Undertaker Ross

Place of Business, 95 Conway

Alexander Hosking M.D.
Medical Attendant.

Address, Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Regulations below, and to those printed on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 64332 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter G. Mills

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 252 George

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Feby. 14th 1883

Date of Burial, Loudon Park Cem H J Hill *M. D.,*

Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Freeman *Address,* 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6433 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 12 1883

Date of Death, Feb 12th 1883

Full Name of Deceased, {Write out no names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 16 Mc Mechin St

Cause of Death,
First, (Primary,) Cerebral Meningitis
Second, (Immediate,) "

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 14

Undertaker, C H Bryant

Place of Business, 198 Penna

H. Christian M. D.,
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Special Attention [illegible] of this

Board of Health, City of Baltimore.

Permit No. 64337. *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Elmo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 Years, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 318 Alice Anna St

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 13 1883

John A Kehlenger M. D.
Medical Attendant.

Undertaker John Kenney

Place of Business, 388 Columbus St *Address,* 213 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64336 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, February 12/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Grace A Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 1 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 276 E Chase st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 13 - 1883

Undertaker, Wm W Watson

Place of Business, 46 East Pr

G F Taylor M. D.
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64336 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie R. Nichols

Sex, ~~Male~~ or ~~Female~~. {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* ..... *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Back

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 101 Shields Alley

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) & Muscular Rheumatism

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13 1883

Undertaker, Alf Hemsley

Place of Business, Hardesty

H. Gray Smith *M. D.,*

Medical Attendant.

Address, Ruxton Md Towson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64337 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1883.

Full Name of Deceased { Write legibly and spell correctly. If an Infant, of parents. } Elizabeth S. Radin

Sex, ~~Male~~ or Female, { required in this line. }

Age, Eighty One (81) *Years,* ~ *Months,* ~ *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow Baldwin

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Maryland St Marys Co

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and Number. } 209 Townsend St (209)

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) Imbecility of age

Duration of Last Sickness, " " 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md

Date of Burial, Feb 12th 1883

Undertaker, C W Blizzard

Place of Business, 178 Penn ave

Fenton Norman, M. D.,
Medical Attendant.

Address, 15 D Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64 938 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of Parents.} Ged W Johnson

Sex, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Vincent

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, Feb 13

Undertaker, W R Dwyer

Place of Business,

Geo. H. Dunn M. D.,
Medical Attendant.

Address, Cen of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

Permit No. 64339

Office of Registrar of Vital Statistics.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 1893

CERTIFICATE OF DEATH

Date of Death, Feb. 12 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant now unnamed, give name of parents.} John Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 5 *Months,* *Days.*

Color, Wht;

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coop

Birthplace, {State or Country and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} Hebrew Asylum

Cause of Death, First, (Primary.) Chronic Inflammation

Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 14th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

J Statham M.D.

Medical Attendant.

Address, 1415 Hillsboro

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64340 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleonora Albrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 Years, 10 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} * 320 N. Carolina st

Cause of Death, First, (Primary,) Septicaemia from retention of portion

Second, (Immediate,) of placenta

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 15th

Undertaker, Geo Schilling

Place of Business,

Geo. A. Hartman M. D.

Medical Attendant.

Address, *305 N. Carolina st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 64341. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Novak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cth L. R. T.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 19 Bethel Court

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens R.C. Cemetery

Date of Burial, Feb 15th 1882.

Undertaker Wm. Nicolopulos

Place of Business, 208 Aliceanna

John H. Kellogg M. D.
Medical Attendant.

Address, 143 Three & a half st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64342 ~~Office~~ *of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schaumburg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 70 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 198 Druid Hill Av

Cause of death, First, (Primary,) Emphysema & Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Feby 14th/83

Undertaker, Wm Weaver

Place of Business, 502 N Eutaw St *Address,* 201 W. Biddle St

L. Winslow M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64843 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Beck Small

Sex, {Cross out the word not} Male

Age, Years, 2 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 205 Hudson St

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ✓

Date of Burial, Feb 13

Undertaker, M. Ed. Duncan

Place of Business, 849 Bay View Ave

Wm. Beck, M. D.
Medical Attendant.
Address, 849 Bay View Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness for the disease of which the case came under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6434 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 1 1893

CERTIFICATE OF DEATH.

Feb 18

Walter Stewart

Date of Death,

Full Name of Deceased, {Write legibly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} *Days,*

Age, 6 *Years,* *Months,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} 1

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 24 hr Durham Co

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by th Physician.

Place of Burial, E P

Date of Burial, Feb 11

Undertaker, Wm Coleman

Place of Business,

Geo H Small M. D.
Medical Attendant

Address, Cor of Hen[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

KODAK SAFETY FILM

15

Board of Health, City of Baltimore.

Permit No. 64345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ——— if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Mayer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 36 Hill St

Cause of Death, First, (Primary.) Bronchial Catarrh

Second, (Immediate.)

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 14th 1883

Undertaker, Ed. Krauss

Place of Business,

T. Jenkins M.D.
Medical Attendant.

Address, No 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64 3446 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1903

CERTIFICATE OF DEATH.

Date of Death Feb 13th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lowe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Fairmount Ave

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Apnoea

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, February 14 1903

Undertaker, John Lake

Place of Business, 166 Bank St

L. C. Bullitt M. D.

Medical Attendant.

Address, 5 Broadway

Extract from Regulations of the Board of Health to secure a full and perfect record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6434 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1893

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1893

Name, { Write legibly and spell name; if unknown, give names of parents. } Minnie Ellis

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 10 Months

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 112 N. Washington

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Feby 14th 1893

Undertaker, John Lutz

Place of Business, 166 E Balto St

John L. Mummert M. D.
Medical Attendant.

Address S. W. Cor Eutaw & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 14348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMITS FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1905

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonda Adams

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 2 Years, Months, Days

Color, African

~~Married~~, Single, ~~Widowed or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ala

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 19 East Rose

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 14th 1905

Wm B Canfield M. D.
Medical Attendant

{Undertaker, F. Lewis Schaefer
Place of Business, 109 N Fremont} Address, 246 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 64349 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1933

CERTIFICATE OF DEATH.

0814

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 1 *Months,* 6 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Montgomery

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 14

Undertaker, S W Elkins

Place of Business,

Geo. N. Jones M. D.

~~Medical Attendant~~

Address City of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 6436 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *cause to be* requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 13. 1883

Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. H. Pfeltz

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 60 *Years,* *Months,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 357 E. Fayette st.

Cause of Death. { First, (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion }

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, [redacted] 1883

Undertaker Henry Hook *Medical Attendant.* G. G. Kuhl M.D.

Place of Business, 304 N. Paca *Address,* Balt. & Med. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as they can ascertain the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and circumstances of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 64361 *Office of Registrar of Vital Statistics.* Ward 11

☞ The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 13/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Esther Campbell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* 1 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New Hampshire

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and Number. } 169 E Pratt St

Cause of Death, First, (Primary,) Softening of brain

Second, (Immediate,) Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 15th 1883.

Undertaker H. H. Sentman & Son

Place of Business, First & Saratoga.

Jeff R Powell M. D.
Medical Attendant.

Address, 178 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6435 2 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1883

Name, {Write legibly and spell correctly. If the child is unnamed, give names of parents.} Male Infant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 160 Cross St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Infantile Convulsions

Duration of Last Sickness, —

At the above information should be furnished by the Physician.

Place of Burial, West's Cemetery

Date of Burial, Feb 14

Undertaker, B Maule

Place of Business, 42 West St

Edward Cross M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64353 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1893

Full Name of Deceased, {Correctly. If an Infant not named, give names of parents.} Infant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* 4 *Days* 1

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Born

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 170 Vaughan St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, February 14

Undertaker, B. Myers

Place of Business, 62 West St

J. R. Miles M. D.
Medical Attendant.

Address, 168 Vaughan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

6

Board of Health, City of Baltimore,

Permit No. 64337 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 14 1

Date of Death, Feb. 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Scholl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 18 Antony St.

Cause of Death, First, (Primary.) Small Pox.

Second, (Immediate.)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus

Date of Burial, Feb 14

Undertaker, J. Coleman

Place of Business,

Francis X. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention.

Board of Health, City of Baltimore,

Permit No. 1135 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, February 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Palmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 88 Plum Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Feby 23/83

Undertaker, F. A. Kerchner

Place of Business,

Geo. R. Dinsmore M. D.,

~~Medical Attendant.~~

Address City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64356 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1 1903

CERTIFICATE OF DEATH.

Feb 1 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Powell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give street and number.} 38½ W Biddle St

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) Disease of Heart

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 4th 03

Undertaker, Wm Weaver

Place of Business, 202 Hillyard *Address,* 121 E Baltimore St

J. Ridgway Dudie M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64357 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, February 13th 1883

Full Name of Deceased {Write legibly and spell correctly. If an infant not named, give names} Andrew McKinnore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give street and Number.} 69 Holland Street

Cause of Death, First, (Primary,) Brain disintegration

Second, (Immediate,) Paralysis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cem

Date of Burial, Feb 15

Undertaker, Henry Meginis

Place of Business, No 8 Central ave

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 64358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kaufmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 8 Months, 28 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr. 8 mo. 28 day

Place of Death, {Give street and number} 839 W. Pratt St.

Cause of Death, First, (Primary,) Marasmus during Dentition

Second, (Immediate,) Asthenia.

Duration of last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 14

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

H. Dinkelspiel, M. D.
Medical Attendant.

Address, 19 S. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64369 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 14 1883

Date of Death, July 13th 1883

(Write legibly and spell) (of parents.)

Sex, Male ~~or Female~~, (Cross out the word not required in this line.)

Age, abt 35 *Years,* — *Months,* — *Days*

Color, C

Married, Single, Widow or Widower, (Cross out the word not required in this line.) —

Occupation, —

Birthplace, (State or country, and how long in the United States, if of foreign birth.) —

Duration of Residence in the City of Baltimore, —

Place of Death, (Give street and Number.) Apt in Select Ed Burgin Residence Alley

Cause of Death, First, (Primary,) Pneumonia (Supposed)

Second, (Immediate,)

Duration of Last Sickness, abt 9 Days

All the above information should be furnished by the Physician.

Place of Burial E R

Date of Burial, Feb 14

Undertaker, Wiseman

Place of Business,

R. M. Wolfe M. D.

Coroner E D

Medical Attendant

Address, 60 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 64360 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 14 1883

Date of Death, Feb. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Seibold

Sex, Male or Female. {Cross out the word not required.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, ...

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 385. Biddle near Hoye

Cause of Death, First, (Primary,) Convulsion

Second, (Immediate,) .....

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec 15, 1883

Undertaker, John Heuisler

Place of Business, 382 Eutaw St

J. M. White M. D.

Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64361 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Hoover

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 58 *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and Number. } 233 S Charles St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, St Hyacinths Cemetery

Date of Burial, Feb 15th 1883

Undertaker, John Hagerty

Place of Business, 382 Orleans St

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health—City of Baltimore.

Permit No. 64362 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB [illegible] 1883

CERTIFICATE OF DEATH.

Date of Death, 14th February 1883

Full Name of Deceased (Write legibly and spell correctly. If unknown, obtain name of parents.) [illegible] Lee

Sex, Male or ~~Female~~, (Cross out the word not required in this line.) Male

Age, 57 *Years,* *Months,* *D*

Color, Colored

~~Married~~, Single, Widow or Widower, (Cross out the word not required in this line.) Married

Occupation Boatman

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Maryland 30 years

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 71. Church St.

Cause of Death, First (Primary), Dropsy & Small Pox

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 17

Undertaker A J Lucas

Place of Business,

J. D. Dyer M. D.

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64363 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Maag

{Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, W

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 193 S Bond

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P Cemetery

Date of Burial, Feb 14th 1883

Undertaker, M Coleman

Place of Business, City Hall

Geo. R. Dunn M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr Geo R Cragg 8 E

Board of Health, City of Baltimore,

Permit No. 64364 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } ..... Rothmann

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, ... White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ..... Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } ..... No. 52 West St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... Bronchitis

Duration of Last Sickness, ... 8 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Feb 14th 83

{ *Undertaker,* G. Frame / *Place of Business,* Frank & Wolff } *Address,* ..... M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 64326 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 10 1883

Date of Death, Feb 14th 1883

Full Name of Deceased { correctly. If an infant } August Thiesse
{ of parents.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 5 *Months,* .....

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or Country, and how long in the United States. If of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 1165 Hoffman St

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), ...

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 14th 83

Undertaker G. Franc

Place of Business, Bank & Wolfe *Address,* 24 Hanover

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 64366 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, February th 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 Years, *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Oyster Tucker

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Anna Raundel County Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 68 S. Dallas St

Cause of Death, First (Primary), Comptsumtion

Second (Immediate),

Duration of Last Sickness, 3 Months

the above information should be furnished by the Physician.

Place of Burial, Dallas St Country

Date of Burial, Feb the 15th

Undertaker Mr Loack

Place of Business,

Geo. H. Dixon M. D.

Medical Attendant

Address, Cor of Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases c

Board of Health, City of Baltimore,

Permit No. 6486 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, c... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo R Campshon

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 17 Sharon

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Auburn

Date of Burial, Dec 16

Undertaker, J Lentz

Place of Business, ...

Geo. R. Dunn M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 64367

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick W Keene

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltr

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 235 Bank

Cause of Death, {First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 15th

Undertaker, P. F. Gadd

Place of Business, 131 Hanover St

E Michaux M. D.
Medical Attendant.

Address, 138 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

16 **Board of Health, City of Baltimor**

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 6486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 th

Full Name of Deceased { Write legibly and spell correctly. If an Infant of parents. } Karl Kunze

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and number } 236 Bank st

Cause of Death, { First, (Primary.) { Second, (Immediate,) } Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 15th

Ellis Michaux M. D.
Medical Attendant

Undertaker, F. X. Doll

Place of Business, 13 E Lanvale *Address* 158 Shaft

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64370 *Office of Registrar of Vital Statistics.* Ward ____

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 14 1883

Date of Death, February 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Era Green

Sex, Male or Female, { Cross out the word not required in this line. } ____

Age, 23 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ____

Occupation, Housekeeper

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and Number. } S Patterson Park

Cause of Death, { First, (Primary,) Small pox. (Confluent.) / Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Feb 14th

Undertaker, W Sipple C

Place of Business, 151 S Bond St

Dr. Ricketts M. D.
Medical Attendant.

Address, 532 Pierce Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6437 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Fillius

Sex, {Male or Female? Required in this line.}

Age, 20 *Years,* 6 *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lithographer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 246 S. Sharp St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, about 13 months.

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem.

Date of Burial, Feby 16th 1883

Undertaker, A. Jenkins Koehler

Place of Business, Sharp & Conn St.

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 64372 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 16 1864

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 29 W[illegible] Lombard St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, E O

Date of Burial, Sept 18 64

Undertaker, M Coleman

Place of Business, ...

Geo. W. Dorsey M. D.
Medical Attendant.

Address, [illegible] Mt Vernon Place

Dorsey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 64373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14 February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Gaither

Sex, Male or Female, {cross out the word not required in this line.} male

Age, about 30 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Electric water maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sweden — Germany

Duration of Residence in the City of Baltimore, 16 years 7 years

Place of Death, {Give street and number} 30 N. Green St

Cause of Death, First, (Primary.) Variola vera Confluens

Second, (Immediate.) Paralysis of heart

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb. 14th A. J. Bruckner M.D.

Medical Attendant

Undertaker, John P. Pauls

Place of Business, 66, Fred'k St. Address, 114 West Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the following Notice, and to rules on the

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Board of Health, City of Baltimore,

Permit No. 64374

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb'y 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Andrew Ackerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age 28 Years, 4 Months, 9 Days.

Color White Sex, Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Coin. Master

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 249 E. Pratt St

Cause of Death, First (Primary,) Catarrh

Second (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Confined to house 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery. H. A. McManus M. D.

Medical Attendant.

Date of Burial, 15th of Feb.

Undertaker, Fred Eade.

Place of Business, 29 S. Caroline st. Address 54. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6437 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, February 13/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Braun

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 88 Hollins St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Paralysis Brain

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Thursday 14th/83

Undertaker, M. Corrigan

Place of Business, 227 Lombard St.

A. Klein M. D.

Medical Attendant.

Address, 367 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting f... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 64376 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or publication if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febry 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jannett L Offelt

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 6 *Months,* —

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 68 N. Poppleton St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) —

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Febry 15th 1883

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont

J. H. Butler M. D.
Medical Attendant.

Address, 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6437 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th, 883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Schweinberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 183 S. Durham St.

Cause of Death, First (Primary), Pneumonia following an

Second (Immediate), attack of Variola.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bal Cem

Date of Burial, Febry 15 83

Undertaker H. Sander & Son

Place of Business, 252 Canton

John H Kellogg M. D.
Medical Attendant.

Address, 242 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. Cat 3 7 6 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Febreary 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Goeenberg

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 16 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Schol Boy

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Chicago Ill

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and Number. } Male Grammar School No 7

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Heart disease

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Oheb Schalom

Date of Burial, Feb 15

{ Undertaker, H. Rosenthal

{ Place of Business, ... *Address,* Conway

H. Connolly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64379 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 13/83

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Mary Streeper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

~~Duration of~~ Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 286 Preston St. near Carlton

Cause of Death, First, (Primary,) Cancer of Bladder

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 16 1883

Undertaker, John L Mackie

Place of Business, No 180 Lanvale

Read H Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 64380

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Feb. 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 Liberty Road near Sharp St

Cause of Death, First, (Primary.) Infantile Convulsions

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 15th 1883

Undertaker, Robt Hendrix

Place of Business, 116 Marshall St

Chas C Fulton M.D.,
Medical Attendant.

Address, (illegible)

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 64381 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Barnecke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } # 271 S. Bond St.

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetary

Date of Burial, February 15th

Undertaker Leonhard & Kurz

Place of Business, 27 S. Bond St.

John H. Kelbersee M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Reverse Side of this Paper.

Board of Health, City of Baltimore,

Permit No. 6438 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 15 1883

Date of Death, Feb 14 Th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} Anna Farmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 291 S Bond St

Cause of Death, First (Primary), Variola

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, February 15th

Undertaker Leonhard Peltz

Place of Business, 27 S. Bond St.

John H. Keller M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 64383 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, Feb 16

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} Walburga Korner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 N Wolfe

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius

Date of Burial, Feb 16

Undertaker, G France

Place of Business,

Geo. R. Dixon M. D.

Medical Attendant.

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

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Board of Health, City of Baltimore,

Permit No. 64384

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 15 1883

CERTIFICATE OF DEATH

Date of Death, Feb. 14 83

Name, {Write legibly and spell correctly. If an Infant give names of parents.} Ellen Logan

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 26 *Days.*

Color, Wh

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 L. Bond

Cause of Death, First, (Primary:) Pneumonia

Second, (Immediate.) Croup

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb 16 83.

Undertaker, G. Frame

Place of Business, Bautz & Wolfe *Address,*

J. Tarbert M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 4385 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 15 1883

CERTIFICATE OF DEATH.

Date of Death, [redacted]

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest B. H. Barclay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* five *Months,* seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} University & Child's Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Atrophia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 15th 1883

Undertaker, Henry and Mitchell

Place of Business, 530 W. Fayette St

T. A. Ashby M. D.
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64386 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 15 1883

Date of Death, Feb 14th 883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Nelson

Sex, Male or Female, {required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 416 Thames St

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, Feb 15 1883

Undertaker James P Byrne

Place of Business, No 63 N Front St

John H Kelberger M D

Medical Attendant.

Address, 143 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6487 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

FEB 15 1883

Date of Death, Feb 13th 83

Full Name of Deceased, {Write legibly and spell} {not named, give names of parents.} Philip Gaiser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Coma

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, Feb 15 1883

Undertaker, James O Byrne

Place of Business, No 63 N Front St

I. H. Butler M. D.
Medical Attendant.

Address, 144 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64388 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 15 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Mullenian

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 196 Hoffman

Cause of Death, First, (Primary,)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial. Feb 16 1883

Undertaker, C. F. Krauss

Place of Business,

Theodore Cook M. D.
Medical Attendant.

Address, 196 Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 6438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB. 15 1883

CERTIFICATE OF DEATH.

Date of Death, 14. Feb. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Meehan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 2 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and number.} 32 Augusta

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, ab. 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 16. 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 Mary St.

H Hollmyer M.D.

Medical Attendant.

Address, 59 Augusta

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6439 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 15 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McCaffrey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Ireland 38 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 116 Parker

Cause of Death, {First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feby 16 83

Undertaker, J. B. Cook

Place of Business, 707 W. Balt-St

Geo. F. Dunn M. D

Medical Attendant.

Address Cor Fifteenth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

FEB 15 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Calet Henry McCauley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6m *Years,* ——— *Months,* 28 days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 North Bond St.

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.) ———

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, CM

Date of Burial, 7-28

Undertaker, Callahan & Co

Place of Business, ———

James P Tichty M.D.
Medical Attendant.

Address, 182 Sarratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6432 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 15 1933

CERTIFICATE OF DEATH

Date of Death, February 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Cooke.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Barber,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 24 Lee St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Pulmonary Tuberculosis

Duration of Last Sickness, about 3 weeks.

All the above information furnished by the Physician.

Place of Burial, [redacted] Cem'y

Date of Burial, February 15

Undertaker, B. Thiede

Place of Business, 62 West St.

Dr. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Hanover.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 64393 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 15 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Foley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 2

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 31 E Elizabeth Lane

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb. 15

Undertaker B. Hall

Place of Business, 82 West St

Edwin Cook M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [over

17 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 64394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1883 6 AM

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Allen

Sex, Male or Female, {cross out the word not required in this line}

Age, 66 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 45 Yrs.

Place of Death, {Give street and number} 102 Cookerie St

Cause of Death, First, (Primary.) Pericarditis Chronic

Second, (Immediate.) "

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet.

Date of Burial, February 16

Undertaker, B. Marsh

Place of Business,

L. R. Coale M. D.
Medical Attendant.

Address, 118 Cathedral
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6496 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15" 1883

Name, { If an Infant, of parents. } John Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 25 Covington st

Cause of Death, First, (Primary,) Pneumonia - Pos

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Pitts

Date of Burial, Feb 17th

Undertaker, B Hart

Place of Business, 82 West St

D A Cooke M. D.,
Medical Attendant.

Address, 110 Font av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64396 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14 FEB 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Burley

Age, ... *Years,* ..... *Months,* 22 *Days* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 368 N Durham

Cause of Death, First (Primary), ...

Second (Immediate) Spasms

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 16

Undertaker A Funk

Place of Business, ...

Jas. F. Dixon M. D.
Medical Attendant.

Address, 2m ffleets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6439 *Office of Registrar of Vital Statistics.* Ward 10.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 15 1883

Date of Death, Feb. 14th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas N. Silvers.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43. *Years,* *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Years.

Place of Death, {Give street and Number.} Penn St. 115.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16

Undertaker, Walter Emmel

Place of Business, 315 W. Biddle

H. Harrall, M. D.
Medical Attendant.

Address, 273 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th February 1883

Full Name of Deceased, {Write legibly and spell. If not named, give name of parents} [illegible] Fred Heinsel Mahon

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 Years, 10 Months,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible] Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} No 3 Cross St.

Cause of Death { First, (Primary.) Second, (Immediate,) Scarlatina

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, 16th of Feb

Undertaker, Fred Gaul

Place of Business, 29 E. Candler [illegible] Address, 121 S. Broadway

Robert Gunther Jr. M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the [illegible] and the [illegible] children.

Board of Health, City of Baltimore,

Permit No. 64397 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 15

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina Kenne

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 *Years,* 2 *Months,* 1 *Days*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and Number. } 210 Gough St

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 16th 1883

Undertaker, Ernst Schlosser

Place of Business, 200 Shard St

John G Hood M. D.
Medical Attendant.

Address, 205 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 64800 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brew

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natus

Place of Death, {Give street and number.} 52 Wilmer St

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, February 15-

Undertaker, Ed Powers

Place of Business, 52 Pine St

W H Wilmer M. D.
Medical Attendant.

Address, 172 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64401 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 15 10 1883 DEATH

CERTIFICATE OF DEATH.

Date of Death, Feb' 14th 1883

Full Name of Deceased, {Write legibly and spell. If an infant not named, give names of parents.} Chas Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 146 Sarah Ann Ln

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, Four weeks

Al. the above information should be furnished by the Physician.

Place of Burial Sharpe Cemetery

Date of Burial Feb 15, 83

Undertaker, W. H. Hemsley

Place of Business, Hardware St

H. M. Wilson Jr. M. D.
Medical Attendant.

Address, Balto Gen. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 64482 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Miss Butte

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 600 Light St

Cause of Death, First (Primary),

Second (Immediate) Puerperal Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pitts Comet

Date of Burial, Feb 16

Undertaker B. Hall

Place of Business, 42 West St

Edward C. Dr. M. D. Medical Attendant.

Address, 246 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

Permit No. 6440 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 224 N Bradford St

Cause of Death, First (Primary),

Second (Immediate) Small Pox

Duration of Last Sickness, 6 days.

the above information should be furnished by the Physician.

Place of Burial, E. Pro. Cem.

Date of Burial, Feb 14-1883

Undertaker M Coleman

Place of Business,

Geo. K. Dunn M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John E. Swaney

Board of Health, City of Baltimore,

Permit No. 64404 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 15 1883

Date of Death, Feb 13 = 1883

Full Name of Deceased, {Write legibly and spell correctly. If no name not named, give names of parents.} Nannie Poole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 27 McAbbie St

Cause of Death, First (Primary).

Second (Immediate). Cynanche. Pf

Duration of Last Sickness, 6 days.

the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cem

Date of Burial, Feb 14 = 1883

Undertaker W. Coleman.

Place of Business,

Geo. H. Dixon M. D

Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children. [OVER.]

John S. Dunning

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules, and to Section 2.

Board of Health, City of Baltimore,

Permit No. 64485 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 15 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Dimhoen.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days,*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 23 n Chapel st

Cause of Death, First (Primary), ———

Second (Immediate), Croup Pot

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, ~~Ft~~ St Pauls Cem

Date of Burial, Feb 14-1883

Undertaker W Coleman

Place of Business, ———

Geo. H. Dixon M. D.
Medical Attendant.

Address, Cor Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Edward Fanning

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Board of Health, City of Baltimore,

Permit No. 64486 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 15 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 15. 1883

Full Name of Deceased, (Write legibly and spell; if not named, give names of parents.) Charles Turner

Sex, Male or Female, (Cross out the word not required in this line.) Male

Age, 1 *Years,* 5 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, (Cross out the word not required in this line.) Single

Occupation,

Birthplace, (State or Country and how long in the United States, if of foreign birth.) Balto City all his life

Duration of Residence in the City of Baltimore,

Place of Death, (Give Street and number.) 72 Dark Ann St.

Cause of Death, First, (Primary.) Tuberculosis (Pleural)

Second, (Immediate.) Meningitis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Laugh Temp

Date of Burial, febru 16 1883

Undertaker, H Ross

Place of Business, 92 Eastern Ave

J. A. Lauff M.D.,
Medical Attendant.

Address, 1 Park Square

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 6440

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 16 1883

Date of Death, Feb. 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Fratto

Sex, {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Datto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 56 N. Carrollton Av

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Feb 17th 1883

Undertaker, Frank Young

Place of Business, 148 N. Eutaw St

J. W. Owings *M.D.,*

Medical Attendant.

Address, 48 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64408 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Feb 15th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin D Smith

Sex, Male or Female, {Cross out the word not required in this line.} male

Age. Years, 27 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 29 Miller st

Cause of Death. First (Primary). Scarlet Fever

Second (Immediate). Acute Erysipelas

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 17 1893

Undertaker John W Jackson

Place of Business, Gay & Baldwin *Address,* 256 E Pratt st

M. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 6440

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jul. 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reynold Geis

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 14 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltz

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 N. Sayth

Cause of Death, First, (Primary.) Eclampsia infantum

Second, (Immediate.)

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jul 17 1883

Undertaker, Henry Hgeth

Place of Business, 307 Central Ave Address, 421 E. Monument

J Mathieu M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6448 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 16 1883

Date of Death, Feby 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heaurech

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 Minutes ~~Years~~, ~~Months~~, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 934 S Hanover St

Cause of Death, First, (Primary,) Breech Presentation

Second, (Immediate,) Asphyxia two in the Umbilical Cord

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, Feb 17 1883

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

J. C. Slower M. D
Medical Attendant.

Address, Dr Bayer's Pharmacy Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 6444 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 16 1883

Date of Death, Feb 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Male

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 83 *Years,* 11 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Box maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and Number. } 292 Cross St.

Cause of Death, First (Primary), Senility

Second (Immediate), Senile Gangrene

Duration of Last Sickness, 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark Cem

Date of Burial, Feb 18th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Crosse *Address,* 170 S. Sharp St.

Wm Goodwin M.D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64412 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 16 1883 ILLINOIS

CERTIFICATE OF DEATH.

Date of Death, Friday Feb 16

{ Write legibly and spell } Charles Newton
{ of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 9 Months, 6 Days

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland Baltimore

Duration of Residence in the City of Baltimore, all his life

~~Place~~ of Death, { Give street and number. } 12 Booth St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb 19

Undertaker, J Hamm

Place of Business,

Simon M Jones M. D.,
Medical Attendant.

Address, 561 W Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 6413 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febuary 15th 1883 FEB 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Katie D Egan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, XXX Scholar

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Notre Dame Convent School

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Feby 17. 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway.

Jno. Brooke Boyle M. D

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 Feb. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw. K. Cooper

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty *Years,* Nine *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grocery Keeper Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 23 Cathedral Str

Cause of Death, First, (Primary.) Hypertrophy of Brain

Second, (Immediate,)

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feby 16. 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

G. W. Cooper M. D.
Medical Attendant.

Address, 583 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6446 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 16 1883

Date of Death, Febry 15 - 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Wm. C. Kaplan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Ten *Months,* 9

Color, Wht.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——— ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} No 219 S. Broadway Bond or

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) ———

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebs Point Cemetery

Date of Burial, Feb 17th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

L. C. Winternitz M. D.
Medical Attendant.

Address, 125 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

Permit No. 64416 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 16 1882

Date of Death, Febry 15 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Wm A Rowe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} 59 N. Liberty St Balto

Duration of Residence in the City of Baltimore, [illegible] birth

Place of Death, {Give street and Number.} 59 N. Liberty St.

Cause of Death, First, (Primary,) Debility from birth

Second, (Immediate,) Chronic Eczema

Duration of Last Sickness, [illegible] birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 16 1882

Undertaker, Mrs P Boyce

Place of Business,

G R Hetherd M D
Medical Attendant.

Address, 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (over)

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 64417 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 16 1883

February 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meinrie Maurer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} .....

Age, 20 *Years,* ..... *Months,* .....

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Foundland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} Cor Monument & Loas. ingtons.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Epilepsy

Duration of Last Sickness, 9 hours taken off

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 16th

Undertaker, Geo. Schilling

Place of Business, ...

F. G. Connolly M. D.

Medical ~~Attendant~~.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64418 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 16 1883

CERTIFICATE OF DEATH.

Date of Death, 15th February 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} Charles Worthinsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, Prussia

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and Number.} Fell Street 26.

Cause of Death, First, (Primary,) Croup.

Second, (Immediate,)

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsos

Date of Burial, Feb 16th

Undertaker, N. Lippel

Place of Business, 151 B'd and

Wm. Henkel M. D.
Medical Attendant

Address, S. Wolfe 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6419 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16

FEB 16

Full Name of Deceased, { Write plainly and spell correctly. If an Infant not named, give names of parents. } George Puckett

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 Years, Months, Days

Color, White

~~Married~~, *Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 37

Place of Death, { Give street and Number. } 57 Chew St

Cause of Death, First, (Primary,) Neurasthenic

Second, (Immediate,) Syncope

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Feb 16

Undertaker, Geo Schultz

Place of Business,

E. S. Thomas, M. D.,
Medical Attendant.

Address, 47 N Dayton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Permit No. 64429

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

FEB 16 1883

Date of Death, Feby 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Seymour

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* — *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Had none for 4 or 5 yrs

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 mo's

Place of Death, {Give street and number.} 86 N. Arch St

Cause of Death, First, (Primary.) Drowned

Second, (Immediate.) Asphyxia

Duration of Last Sickness, for 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 16th 1883

Undertaker, C. M. Chase

Place of Business, 198 S. Howard St

L. L. Sitting M.D.,
Medical Attendant.

Address, 467 W. Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 64424 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Hudson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 63 Hill St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 17th 83

Undertaker, Thos E McCrae

Place of Business, 198 Forrest St

Dr. H. Bell M. D.
Medical Attendant.

Address, 161 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 10 1883

CERTIFICATE OF DEATH.

Date of Death, February 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Hammond + Mary Laurence

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — Years, — Months (15 minutes)

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} #7 Clinton Avenue

Cause of Death, First, (Primary.) Imputed head: long tedious

Second, (Immediate.) Labor; forceps delivery

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 16th

Undertaker, C. Robb

Place of Business, 4 S. Penn Ave

Lewis W. Knight M.D.
Medical Attendant.

Address, 112 W. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

2

Board of Health, City of Baltimore,

Permit No. 64423

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 16 1883

CERTIFICATE OF DEATH

Date of Death, Feb 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Whitmer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Weaver

Birthplace, { State or Country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 Jear.

Place of Death, { Give street and number. } Eastern Ave 111

Cause of Death, First, (Primary.) Emphysema

Second, (Immediate.) [illegible] Exhaustion

Duration of Last Sickness, 12 Month

All the above information should be furnished by the Physician.

Place of Burial, Saint Pauls Cemetery

Date of Burial, Febr 18th 1883

Undertaker, Peter Frey

Place of Business, 91 Estern Av

John A Schulte, M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever a person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner in the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether single, married or widow) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6441/24 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

FEB 16 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ernest Bidell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 1828 Pleasant St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Feb 17th 93

Undertaker, G. Frank

Place of Business, Bond & Wolfe *Address,* 1 M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 6 4 4 2 5 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial ... Proper Certificate.

CERTIFICATE OF DEATH.

FEB 16 1883

Date of Death, Feb. 15 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fleckenstein

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 7 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltw. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 20 S. Castle st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb 16th 83

Undertaker, G. Frame

Place of Business, Davis & Wolf *Address,* 3 N. Bway

Dansel *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 64426

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 16 1883 BALTO.

Date of Death, Feby 16th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Beatty

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 43 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 158 John St

Cause of Death, First, (Primary.) Valvular disease of heart

Second, (Immediate.)

Duration of Last Sickness, abt 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Harrisburg, Pa.

Date of Burial, 19th Feb. 1883.

Undertaker, H O Jenkins & Sons.

Place of Business, 410 park & Saratoga

Jno Turney M.D.,
Medical Attendant.

Address, 143 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6422 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hilary L. Cross

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 24 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housework

Birthplace, { State or country, and how long in the United States, if of foreign birth. } East City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } No 115 E. Pratt

Cause of Death, First, (Primary,) Acute Bright disease

Second, (Immediate,) Uraemic convulsions.

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 18th May 1883

Undertaker, Fisher Lake

Place of Business, 661 Balto St

L C Wurdeman M. D.,
Medical Attendant.

Address, 12 S Edenst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6444 28 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

February 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Robbe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 2 *Months,* 5 *Days,* FEB 16 1883

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 127 Madison ally

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Luthern Cemetery

Date of Burial, Feb 16 1883

Undertaker, John Kennedy

Place of Business, 388 Eutaw St

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 64429 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1883 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, 16 Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel England

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 8 Whitcock St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 Whitcock St.

Cause of death, First, (Primary,) Accidental Operation

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 16th 1883

Undertaker, John E Bloomfield

Place of Business, 320 Lemmon Ave

E K E Warner M. D.
Medical Attendant.

Address, Stockton Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Circular below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6444 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 10 1883

CERTIFICATE OF DEATH

Date of Death, February 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Setleg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} No 255 S Bond st

Cause of Death, First, (Primary,) Valvular disease of the Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, 15 ~~th~~ Feby

Undertaker, W. Dippel

Place of Business, 151 S Bond st

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Lachan Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64431 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby - 12/03

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Geo W. Browne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days*

Color, Wc

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 180 S Bethel

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Asthenia

Duration of Last Sickness, 14 days. Of first and true attack

All the above information should be furnished by the Physician.

Place of Burial, EP

Date of Burial. Feby 14

Undertaker, Wm Galena

Place of Business,

L. L. Britton M. D.
Medical Attendant.

Address, 49 S Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64432 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Speiker

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, abt 2 5 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, abt 2 5 Years

Place of Death, {Give street and Number.} E. Lo. Station House

Cause of Death, First, (Primary,) Intemperance & Exposure

Second, (Immediate,)

Duration of Last Sickness, about 8 Hours

All the above information should be furnished by the Physician.

Place of Burial E.O

Date of Burial Feb 16

Undertaker, W. Coleman

Place of Business,

Chas. H. Mosher M. D

Coroner E.D. Medical Attendant.

Address, 67 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death Oct. 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Daily life

Place of Death, {Give street and Number.} 31 Butler ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 8th

Undertaker, L. Wichard

Place of Business,

C. A. Clarke M. D.
Medical Attendant.

Address, 120 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and e and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6443 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 16 1883

Date of Death Feb. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vina Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days.

Color, Black

Married, Single, ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 5 Norris Alley

Cause of Death, First (Primary), hay Cold

Second (Immediate),

Duration of Last Sickness, 1 day

the above info matter should be furnished by the Physician.

Place of Burial, ~~Ind~~

Date of Burial, Feb 16

Undertaker E Kerchner

Place of Business,

Geo H Bunn M. D

Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64435 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dyer

FEB 16 1883

Sex, Male or Female, {required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 129 Nally st

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the left breast

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Charles Co Md

Date of Burial, Feb 19th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jas Brooke Boyle M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6444 36

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1883

{Write legibly and spell correctly. If no Infant name} of parents. Tony Cook

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 Years, Months,

Color, White

Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 36 N. Dallas

Cause of Death { First, (Primary,) Varola
Second, (Immediate,) Congestion Lungs

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 15 Feb

{Undertaker, W. Dupuy

{Place of Business, 157 S Bond St

Wm. N. Hill M.D.
Medical Attendant.

Address, 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 6443

Board of Health, City of Baltimore, Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1883

CERTIFICATE OF DEATH.

Date of Death, 13th Feb. 1883

Full Name of Deceased, Katie Stanley Chester

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 Years, Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} * 10 Jones Court

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 5 weeks 2 days. I saw this Coloured woman on day before she died and judge from symptoms that she died of typhoid fever

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16th

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson

E. P. Owens M. D.

Medical Attendant.

Address, * E. Balt st 375

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64438 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas E Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 231 N Amer St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Feb 17

Undertaker, W Jackson

Place of Business, ...

Geo H Dimmock M. D.
~~Medical Attendant.~~

Address, Bd of Health

Revised

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64439 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, February 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Monica Goode

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 14 Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 81 William St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Feb. 17' 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* [illegible] M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, 15th February 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wellington Ford Sullivan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lamp's Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 25 N. Arlington Av

Cause of Death, { First, (Primary,) Tubercular Consumption of Bowels
Second, (Immediate,)

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feb. 18th 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

A. W. Littell
Medical Attendant.

Address, 380 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as correctly as he can ascertain the facts set out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Poitchett

Sex, ~~Male or Female~~, {cross out the word not}

Age, 55 Years, Months,

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number} No 115 Bethel St

Cause of Death { First, (Primary.) Variola
Second, (Immediate.)

Duration of last Sickness, 8 Da

All the above information should be furnished by

Place of Burial, Laurel Ce

Date of Burial, Feb 18th

S. H. Martin M. D.
Medical Attendant.

Undertaker, Wm J Burgee

Place of Business, 62 East St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, upon whose case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as soon out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883

CERTIFICATE OF DEATH

Date of Death, Feb 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edia H Brosi

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 Years, — Months, —

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Born in Balto

Duration of Residence in the City of Baltimore, Born in Balto

Place of Death, {Give street and number} 141 Chestnut St

Cause of Death { First, (Primary.) Small Pox

Second, (Immediate.)

Duration of last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18th 1883

Undertaker, Wm N Duncan

Place of Business, 62 East St

Thos J Bruns M. D.
Medical Attendant

Address, 247 Lee & 240 Bal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 644 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Rohrbaugh

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 6 *Years,* ..... *Months,* .....

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germantown Pa

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, { Give street and Number. } Washington Road (Buena Lane)

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Chronic inflam of Liver

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 17 February

Undertaker, Gordon Stull

Place of Business, 206 Columbia Ave

H. L. Lyon M. D.
Medical Attendant.

Address, 38 Pr. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 64444 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, February 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thaxx

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* 6 *Months,* 6

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 56 North St.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 2/18/83

Undertaker, G Sikeau

Place of Business, ...

Jno Glover M. D.
Medical Attendant.

Address, 34 N Eighth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6447 46 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 B. S. C Lewis

Cause of Death,
First, (Primary,) Various
Second, (Immediate,) Asthenia

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feby 17th 1883.

Undertaker, Mr. A. Daiger

Place of Business, 74 S. Broadway. *Address,* 74 S. Broadway

J. L. Milstead M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6446 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th, 1883.

Full Name of Deceased { Write family name, surname. If an Infant } Augustine
{ or person.

Sex, Male or Female, { Cross out the word not required in this line. } —

Age, —— *Years,* 1 *Months,* 7 *Days.*

Color, White —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Meningitis —
Second, (Immediate,) ——

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Feb. 17/83.

Undertaker, Pat. Hunt.

Place of Business, Union & Fremont

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem Ave & Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

17

Board of Health, City of Baltimore.

Permit No. 64414

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 17 1

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Robert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Fisherman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dalls Md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 253 Williams av

Cause of Death, First, (Primary.)

Second, (Immediate.) Small Pox

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 14 Feb

Undertaker, B. Hoyle

Place of Business, Hall st

Geo. N. Dunn M.D.,

Medical Attendant.

Address, 161 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64248 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1

CERTIFICATE OF DEATH.

Date of Death, February 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Young,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

8 *Years,* 7 *Months,* — *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 28 Pleasant St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18 1883

Undertaker, Henry W. Allers

Place of Business, 45 N. Gay St

J. N. Houck M. D.,
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6444 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, 2, 16, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Watkinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 about 40 *Years,* *Months,* *Days.*

Color, cd

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 y

Place of Death, {Give street and Number.} 120 Wilkens ave

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) 2 Wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 17 1883

Undertaker, J W Chase

Place of Business, 98 S Howard

W M Eastman M. D.
Medical Attendant.

Address, 329 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6445 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, Feb 11 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Lee

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 239 Howard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Varioloid

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 14 1883

Undertaker, E H Chase

Place of Business 198 Howard St

E. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64467 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial ... Hours ...

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, Feby 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 62 E Burgundy St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 18 1883

Undertaker, S W Chase

Place of Business, 198 S Howard St

Jno D Blake M. D.
Medical Attendant.

Address, 168 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, in forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64432 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Durnall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 203 Lee St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Cerebral Irritation

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feby 18th

Geo. D. Blake M. D.,
Medical Attendant.

Undertaker, E. N. Ball

Place of Business, 19 Hanover *Address,* 168 Lancaster St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFE

Board of Health, City of Baltimore,

Permit No. 62453 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, Feby. 16th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. Kellner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cigar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 Yr.

Place of Death, { Give street and Number. } 130 E Bank

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Asthma

Duration of Last Sickness, 3 Yr.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial. Feb 17 th

Undertaker, H Dippel

Place of Business, 1515 Bond st

J. L. Morton M. D.
Medical Attendant.

Address, 1 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6415 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 17 1893

Date of Death, 8-20-17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas B Lain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Parkalley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasm Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pro

Date of Burial, 8-20-17

Undertaker, Kerchner

Place of Business,

Geo. H. Dunn M. D.

Medical Attendant.

Address, Bur of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...ysician, previously certified to the matters set forth below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64453 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Alton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Years, Months, Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 211 Virginia st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Feby 12/83

Undertaker, F. K. Kercher

Place of Business,

Geo. N. Dixon M. D.,
Medical Attendant.

Address, Dept of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64456 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Thomas Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age 5 Years, Months, Days.

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 24 Loudenhall st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Feby 12/83

Undertaker, F. F. Kerchner

Place of Business, Address, Com Hospital

Geo. H. Preston M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6445 / *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, February 16th 1883

Full Name of Deceased, {Write plainly and spell correctly. If an Infant not named, give names of parents.} William Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 Mann's Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cem'y

Date of Burial, Feby 17/83

Undertaker, F. K. Kerchner

Place of Business,

Geo. H. Bunn M. D.
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12.

Board of Health, City of Baltimore,

Permit No. 64458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB. 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Annie Schilling,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty One Years, Months, Days

Color, White,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, All her Life,

Place of Death, {Give street and number.} No 99 Pennsylvania Ave,

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, About Eight Months,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Febr. 18th,

{Undertaker, A. Miller.

{Place of Business, 80 N. Eutaw St.

David M. Rise M. D.
Medical Attendant.

Address 199 N Howard St
near Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased

9 D

Boards of Health, City of Baltimore,

Permit No. 64459

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 17 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant or person} John

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 10 Beaufort St Balt

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 10 Beaufort St

Cause of Death, First, (Primary.) Hemorrhage

Second, (Immediate.) Rupture of Navel

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, [redacted] 1883

Undertaker, [redacted]

Place of Business, [redacted]

[redacted] M.D.,

Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6446 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, February 15th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcus M. Fordenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Year, 6 Months

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 13 McHenry St.

Cause of death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Congestion of Brain,

Duration of Last Sickness, 108 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, Feb 18 1883

Undertaker, Henry Breihan

Place of Business, Hanover St 81

Edwd R. Krug M. D.,
Medical Attendant.

Address, 273 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6446 / *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward H. Fordemwalt

(Cross out the word not required in this line.)

Age, 2 *Years,* 10 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 13. Mc Henry St.

Cause of death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Brain involved

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 18th

Undertaker, Henry Boicken

Place of Business, Hanover St 81

Thos. J. Gilmore M. D.

" "

Medical Attendant.

Address, 273 W. Lexington St.

Returned

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the REMARKS below, and to LAWS OF DEATHS on back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 64462

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Oliver Walter

{Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~,

Occupation, None

Birthplace, {State or Country and how long in the United States if of foreign birth.} Born in Balto

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} Olivia st Cor Hudson alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 17

Undertaker, C W Blizzard

Place of Business, 198 Penna ave

D L Miller M.D.

Medical Attendant.

Address, 201 Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64463 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th. 1883 A.D.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Townsfield Coleman

~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 59 *Years,* 5 *Months,* 4 *Days.*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Paper Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Trenton N. J.

Duration of Residence in the City of Baltimore, Fifty Years.

Place of Death, {Give street and number.} No. 122 Columbia Ave.

Cause of death, First, (Primary,) Hemiplegia (right side)

Second, (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb 18 & 19

Undertaker, F. F. Nygodd

Place of Business, 131 Hanover St.

Signed Theodore M. D.
Medical Attendant.

Address, N.E. Cor. Columbia Ave & Pine Trenton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64467. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 17 1883

Date of Death, Feby 17/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Ruhl

Age, 3 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 328 S Bond sh

Cause of Death, First (Primary), Small Pox

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Trinity Cemetery

Date of Burial, 19th Feb 1883

Undertaker Mrs Hagerstown

Place of Business, 258 Aliceanna *Address,* 1730 Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 64465 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Delaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,*

Color, White

Condition, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 82 Boyd St

Cause of Death, First (Primary), Epilepsy

Second (Immediate).

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 18th 83

Undertaker Matthew Corrigan

Place of Business, 227 Hanover St

Edwd F Mitchell M.D.
Medical Attendant.

Address 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6446 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 17/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis F. Stouffer

Sex, ~~Male or Female~~, {required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City during life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 292 E. Pratt St.

Cause of Death, First (Primary), Acute Bomelitis & Stomatitis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 19/83

Undertaker Denny and Mitchell

Place of Business, 655 S Broadway

R. W. Mansfield M. D
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64467 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 17 1883 BALTIMORE DEP

Date of Death, February 15/83

Full Name of Deceased, {Write legibly and spell (no initials) and name all given names} Lizzie Agnes

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Years~~ 16 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of ~~Residence in the~~ City of Baltimore, Life

Place of Death, {Give street and Number.} 179 E Baltimore St

Cause of Death, {First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 18 1883

Undertaker, S. B. Buchanan

Place of Business, Lombard & Eden *Address,* 387 N Lombard St

H. L. Quinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 64468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 183

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Baer Lisk

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 3 Years, 6 Months, 4

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 134 E. Biddle St.

Cause of Death { First, (Primary.) Croup (Diphtheretic)
Second, (Immediate,)

Duration of last Sickness, about 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery

Date of Burial, Feby 18th

{ Undertaker, A. O. R. Bandell
Place of Business, 266 N Bond St
York Road & 6th St

Sho J. Simms M.D.
Medical Attendant

Address, 249 Holly St
Office 1621 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4476 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 17 1883

CERTIFICATE OF DEATH.

Date of Death, February 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liggit Lee

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Levity

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Organic Heart disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2½ months

All the above information should be furnished by the Physician.

Place of Burial, NP

Date of Burial, Feb 17

Undertaker, Kirkland

Place of Business,

Welsh M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64470 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT FEB 17 1883 BALTIMORE

Date of Death, 2. 16. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gaffney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 6- *Years,* ..... *Months,* 2 *Days,* .....

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 229 Leaven St

Cause of Death, First, (Primary,) Child-bed-fever

Second, (Immediate,) 3 hrs

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 18th 1883

Undertaker, Jos L Cook

Place of Business, 1607 W Baltimore Street

M. D., Medical Attendant.

Address, 349 Reed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 64471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Virginia Cassady

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 290 Lanvale St

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Phthisis Pulmonalis

Duration of last Sickness, 12 or 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Feby 19th 1883

Undertaker, Denny & Mitchell

Place of Business, 534 Fayette

Dr. E. Clagett M D

Medical Attendant.

Address, 36 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6442 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15th – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Louis Diering

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 9 *Months,* 24

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 53 years –

Place of Death, {Give street and Number.} No 279 Canton Ave, Cor Wolf st

Cause of Death, First, (Primary,) Albuminuria

Second, (Immediate,) Dropsy &c

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Feby 18 – 83

Undertaker, H. Sander Son

Place of Business, 252 Canton Ave

Thomas B. Edwards, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 15th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Libby A. B. Howard

{ Cross out the word not required in this line. }

Age, 49 *Years,* *Months,*

Color, Colored *Sex,* Male

Occupation, Barber

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, { Give street and number. } 21 Nashe

Cause of Death, First (Primary,) Consumption

Second (Immediate,) one year

Duration of Last Sickness,

All the above information obtained by the Physician.

Place of Burial, Greenmount 1885 Johnson M. D.

Medical Attendant

Date of Burial, Feby 18th 1885

Undertaker, D. W. Chase *Address*

Place of Business, 198 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death. Feb 17th 1883

Full Name of Deceased, {Write legibly and spell surnames. If an infant not named, give names of parents.} Florence Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 Years, 15 Months, — Days.

Color, Black Sex, F

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Union St. Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 3 Wright's Alley

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, about 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Feby. 18th 1883

{Undertaker, Wm H Bishop

{Place of Business, 97 Aisquith Ave.

S. H. Merriel M. D.
Medical Attendant.

Address 209 N Bridle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64475 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel A. Whalen

Sex, Male or Female {Cross out the word not required.}

Age, 75 *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 130 Hanover Ave

Cause of Death, First, (Primary,) Senile Marasmus

Second, (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 19 1883.

Undertaker, Jno R. McCoy & Co

Place of Business, 422 W. Fayette St *Address,* 1016 N. Gilmor St

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6447 C. *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1883

Full Name of Deceased, {Write legible and spell correctly. If an infant not named give names of parents.} Iva Gillespie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 331 Sharp St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 18th 1883

Undertaker Armstrong & Denny

Place of Business, 263 Light

Thomas Cordell M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 6447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6447 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

No. 1 15th Ward

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 99 O. Dallas Street

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18th 1883

Undertaker, F. O Lusby

Place of Business, 718 Jefferson *Address,* 68 S Broadway

James F. Shaw M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children." [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64678 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Base

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years 5 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, none

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #263 McDonough St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 18th 1883

Undertaker, F. J. Locke

Place of Business, 73 Jefferson St

Geo. G. Taylor M. D.
Medical Attendant.

Address, 284 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14479

FEB 18 1883

BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17 Th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rd E. Glanden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 Years, 28 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4, 28,

Place of Death, {Give street and number} 113 Hill St

Cause of Death {First, (Primary.) Diphtheria

Second, (Immediate.) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 19 Feby 1883

{*Undertaker,* Ernst Schuloman

Place of Business, 700 S. Sharp St *Address,* Hanover & Barre St

R. C. Linn. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during the or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 1454 80. *Office of Registrar of Vital Statistics,* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 18 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S Turner

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 15 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 11 Lancaster St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowell Cem.

Date of Burial, Feb. 18th 1883

Undertaker H. Sanders & son

Place of Business, 252 Lexington *Address,* 117 S Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 12481 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hubbard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age Years, 6 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 27 Aisquith Saw

Cause of Death, First, (Primary,) Small pox

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 18 - 1883

Undertaker, C. F. Krause

Place of Business, 209 Hanover

H C Burch M. D.
Medical Attendant.

Address, 15 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6454 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 N. Exeter St

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19th 1883

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore St

C. H. Thomas M. D. Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible] Back of this Certificate.

Board of Health, City of Baltimore

Permit No. 6474 83 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. FEB 18 1883

CERTIFICATE OF DEATH

Date of Death, Feby 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Secrest

Sex, Male — Female {Cross out the word not required.}

Age, 63 *Years,* *Months,* 7 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Steam Lumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bucks Co Pa

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and Number.} 395 Druid Hill ave

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Pneumonia

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 19 1883

Undertaker Thos S Vaughan

Place of Business, 60 E Balto *Address,* 11 S Howard St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Dennis

{If single, married or widow, cross out the word not.}

Age, 1 Years, 1 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Pear Alley

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, February 18th 1883

{Undertaker, William J Grays
Place of Business, 65 Mulberry St

H. O. S. Kaltenbach M D
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

for Burial, to the [illegible] 18

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6248 S. *Office of Registrar of Vital Statistics.* Ward 2 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible], unless requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 18 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Febry 17/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Meherwaski

S. [illegible] W. [illegible] { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* .....

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 259 S Bond St.

Cause of Death,
First (Primary), Small Pox
Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, Feb 19th 83

Undertaker G Frame

Place of Business, Pearce & Wolfe *Address,* 117 S Broadway

R W Mansfield M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64486 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Thursday Feby 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Nikel Hans Nelson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 m *Years,* 9 *Months,* *Days.*

Color

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 806 Mulberry st

Cause of Death, First, (Primary,) Pyelitis

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17th

Undertaker, Chas A White

Place of Business, 35 Jarvis Alley

F. W. Clark M. D.
Medical Attendant.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 14487

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1893 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schill

Sex, Male or Female {Cross out the word not} Male.

Age, ... Years ..... Months ..... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} Lancaster St.

Cause of Death, First, (Primary.) Confluent Variola.

Second, (Immediate.)

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus C

Date of Burial, Feb 18 th

Undertaker, W. Leffel

Place of Business, 151 S Bond St

J. J. Sullivan M.D.
Medical Attendant.

Address, 116 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 64488 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death Feb 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Hagenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1½ Years

Place of Death, {Give street and Number.} 148 N. Stricker St.

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,) (Died respectively)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial St James Cemetery

Date of Burial, Feb 18th 1883

Undertaker, M. Coleman

Place of Business,

E. B. Tenby M.D.
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 6448[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64487 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Jacob Seuker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* 24 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Druid Hill Ave

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Hebb Point Cemetery

Date of Burial, February 21

Undertaker, W. Galvin

Place of Business, 101 Lombard St

C. Winslow M. D.,
Medical Attendant.

Address, 23 M'Culloh St

Returned

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 64496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64496 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos J Gallagher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 23 Shamrock Alley

Cause of Death, First (Primary),

Second (Immediate) Bronchitis (Consecutive)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westlern

Date of Burial, Feb 20

Undertaker J Kaehler

Place of Business,

Howard Bond M. D

Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 Feby 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Sneyers

Sex, Male or ~~Female~~; {cross out the word not required in this line.}

Age, 73 *Years.* 3 *Months.* 23 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~; {Cross out the word not required in this line.}

Occupation, Weaver

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Rastadt Germany

Duration of Residence in the City of Baltimore, About fifty years

Place of Death, {Give street and number} 311 Fayette St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 20th 1883

W. Meyer, M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave.

Address, 583 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 6449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, February 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kettle.

~~Sex~~, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 70 Years, Months,

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England. Ten Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 128 Pine Street.

Cause of Death, {First (Primary,) Old age. Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 20th 1883

{Undertaker, STEWART & MOWEN, UNDERTAKERS, Place of Business, 85 Park Ave.}

H G Starr M. D. Medical Attendant.

Address, No 58 eh Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of [illegible] for Burials, to the Office [illegible] to the Reverse Below, and to the List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6749 3 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Patrick Moran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 3 Years 11 Months 15 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 22 Philpot St.

Cause of death, First, (Primary,) Scarlatina & Diptheria

Second, (Immediate,) asthenia

Duration of Last Sickness, 22 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 19 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmont Ave

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 15 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64494 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years*, ... *Months*, ... *Days*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Geo. H. Benson M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following Certificate

64494.

Certificate of Death.

Date of death: Feb. 17-83

Name: Mary Hamer

Female

Age: 64 years

Color: White

Occupation: Home work

Birthplace: Germany

Duration of residence in Baltimore City: 50 years

Place of death: 20 Peckonts

Cause of death { Chronic pericarditis and valvular Paralysis cordis

Duration of last sickness: 1 year

Baltimore Com.

Date. Feb. 20th 1883.

Adam Funk

461 N. Gay St.

J. Cathell M.D.

Attended deceased

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 64495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as prescribed, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 19/83.

Full Name of Deceased, {Write legibly and spell correctly: If an infant not named, give names of parents.} Martin L. Shaffer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years.* 0 *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 171 Fawnaend St.

Cause of Death, {First, (Primary.) Malignant Scarlet Fever
Second, (Immediate.) Convulsions

Duration of last Sickness, 16 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 19.

Undertaker, C. W. Blizzard

Place of Business, 128 Pennsylvania Ave

Louis W. Knight
Medical Attendant.

Address, 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Office whence issued Saturday of each week.

The Special Attention ... invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64476 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 22 1883

Date of Death, Febr 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Roth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age 71 Years, ... Months, ... Days

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 44 Bank St

Cause of Death, First, (Primary,) gallopping consumption

Second, (Immediate,) —

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, 20 of Feb 1883

Undertaker, Fred Linde

Place of Business, 29 S Caroline

Daniel M, D.

Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

whence issued, Saturday of each We[illegible] No. 6[illegible]

The Special At[illegible]ctfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

Permit No. 6447 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles J. H. Yingling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7. Coll. Ave.

Cause of Death, First (Primary), Scarlatina anginosa

Second (Immediate), Marasmus

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20 Th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

G. G. Luck M.D.
Medical Attendant.

Address, Balt. & Jar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...ance issued, Saturday of each week. 6747

The Special ... to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6747 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 59 Cookerie St, E.D.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) ...

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 20

Undertaker, O'Leary

Place of Business, ...

E W Janney M. D.,
Medical Attendant.

Address, 246 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[redacted] Saturday of each week. 6[illegible]

The Special[redacted] invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64499 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1882

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Loydd.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Mc Cubbin

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox.

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19th 1882

Undertaker, J J Locke

Place of Business, 213 Jefferson st

[redacted] M. D.

Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

...Below, and to List of Diseases on Back of this Certificate.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Rebecca A. Earle

Sex, Male or Female, {Cross out the word not required in this line.}

Age Years.

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 223 Howe

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Wash St Lemp

Date of Burial, Feb 3rd 1892

Undertaker, H Ross

Place of Business, 95 Lexington

Ellis Mickum M. D.
Medical Attendant.

Address, 15 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 6 4 2 0 1 — Office of Registrar of Vital Statistics, Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, or record of, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or be liable to be prosecuted so to do, and to a penalty of $20.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1903.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Lydia Watts

Sex, Male or Female, [redacted]

Age, 57 *Years,* [redacted] *Months,*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Dress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ellicott City Howard Co Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} Chapple St between Calhoun & Pen

Cause of Death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 20 1903

Undertaker, Geo. Henry

Place of Business and Address, 1100 Pratt St

G. W. Jones

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64302 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 19 1883

Date of Death, Feb. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Sharp.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 128 N. Eden St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Feb 19 83

Undertaker, Ely Hensel

Place of Business 1160 Gorsuch Ave

Francis N. Lauer M. D.
Medical Attendant.

Address, 705 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 64503 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1883

CERTIFICATE OF DEATH.

Baltimore, Feb 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Buttemuth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Boy end Life

Place of Death, {Give street and Number.} 389 N Central Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemb

Date of Burial, Feby 19. 1883

Undertaker, Henry Hoed

Place of Business, 389 Central Ave Residence, 68 Exeter Pratt

E. W. Short M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 4304 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 1883 BALTIMORE

Date of Death, February 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Barbara Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 5 *Months,* 2 *D.*

Color, Octoon

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 28 Wilcox St

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Feb 20, 1883

Undertaker, Henry Myers

Place of Business, 20 Central Ave

W. R. Lingo M. D.
Medical Attendant.

Address, 1060 East & Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Permit No. 64505

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margt Smith.

Sex, ~~Male~~ or Female, { Cross out the word not required. }

65 *Years,* *Months,* *Days.*

Color, White.

~~Single~~, Married, Widow or Widower, { Cross out the word not required in this line. }

Occupation, House Keeper.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, { Give street and number. } 41 Monument St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feb. 19th 1883

Undertaker, G. H. Pegram

Place of Business, 59 Liberty St

J. E. Michelsen M.D.,

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. C. Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two Years, 4 Months,

Color, Black Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 86 Motzes al..

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 31 Jordan alley

Cause of Death, First (Primary,) Whooping cough

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 16th 1883

Undertaker, Jno. F. Bishop & Bro

Place of Business, 97 Hillen ave

S. K. Merwick M. D.

Medical Attendant

Address 20 Gurley St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4607 **Board of Health, City of Baltimore,**

Permit No. 3-Sem. Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or not, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1883-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Pitt

Sex, Male

Age, Sixty-seven *Years,* —— *Months,* —— *Days.*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Worcester Co. Md.

Duration of Residence in the City of Baltimore, Twenty-five yrs.

Place of Death, { Give street and Number. } Maryland Penitentiary (Convict)

Cause of Death, First, (Primary.) Softening of the Brain

Second, (Immediate.) Apoplexy - (2nd attack)

Duration of Last Sickness, In Jail for one year, in Hospital 2 mos.

All the above Information should be furnished by the Physician.

Place of Burial, ED

Date of Burial, 2-20-83

Undertaker, W. J. Coleman

Place of Business,

Silas Baldwin M. D.

Medical Attendant.

Address, 162 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 6175

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Hailes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chestertown

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} 63 Penn Alley

Cause of Death First, (Primary.) Cancer of Stomach

Second, (Immediate.)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Feb 20 83

Undertaker, William Longo

Place of Business, No 62 East 8th

Wm N Hill M. D.
Medical Attendant

Address, 196 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 6269 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Forrest

Sex, Male or Female, {required in this line.}

Age, Thirty five *Years,* *Months,* *Days* 4

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, About Twenty Years

Place of Death, {Give street and Number.} # 24 Clayton Row

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Thorpe Cemetery

Date of Burial, Feb 19 1883

Undertaker, William Dorsey

Place of Business No 62 East Pratt

A C Roe M. D.
Medical Attendant.

Address, No 1 North Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67370 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Martin

Sex, Male or Female, {Cross out the word not required in this line.} female

Age about 75 *Years.* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and Number.} 119 Chestnut

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19 1883

Undertaker, Wilson & Dorsey

Place of Business, 1062 East 8th

D. S. Steele M. D.

Medical Attendant.

Address, 193 W. Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6457 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Fisher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond, Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 7 Rose St.,

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Peritonitis and perforation

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Shamp St. Cemetery

Date of Burial, Feby 19 1893

Undertaker, Daniel A. Dugee

Place of Business, 422 Chestnut St.

Edw. Jagney M. D.
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Jones

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, about 75 Years Months, Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Valet

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number} 104 College Alley, Baltimore

Cause of Death, First, (Primary.) Cancer of Mesentery.

Second, (Immediate.) Asthenia

Duration of last Sickness, about 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 20, 1883

Undertaker, John C. Jordan

Place of Business, 468 Pratt

Nathan R. Gorter

Medical Attendant

Address, 23 Hamilton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

J. D. ENSLEY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 64513 *Office of Registrar of Vital Statistics.* Ward 19 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Snyder

Male

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 461 N Stricker st

Cause of death, { First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Febry 23

Undertaker, Perry & Butcher

Place of Business, 550 W Fayette

C Winslow M. D.

Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4377 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Walker

Sex, Male or ~~Female~~ {Cross out the word not}

Age, 2 *Years,* 4 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State if born in country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 117 Sarah Street

Cause of Death, First, (Primary,) Gastritis (Acute)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Feb 19 1883

Undertaker, Peter Kiernan

Place of Business, 60 Exchange Pl

W W Perkins M. D.
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64516 *Office of Registrar of Vital Statistics.* FEB 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Odendhal

Sex, Male or Female, {required in this line.}

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 31 N Liberty St

Cause of Death, First, (Primary,) Uterine Cancer

Second, (Immediate,)

Duration of Last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feby 20th 1883

C. O'Donovan M.D.
Medical Attendant.

Undertaker,

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address, 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 62516 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ...

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ann Arundel Co.

Duration of Residence in the City of Baltimore, 87 ear

Place of Death, { Give street and Number. } 233 Eichman alley

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 20

Undertaker F Kerdiman

Place of Business, ...

Wm Gould M. D.
Medical Attendant.

Address, 170 E. Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64877 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12. 15 o'clock Midnight or Sunday Morning Feb 8th 88

Full Name of Deceased, {Write legibly and spell correctly; if not named, give names of parents.} Henrietta Hendle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germaney

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and Number.} 89 Paturxant St

Cause of Death, First, (Primary,) Congestion ngor Hemaphegice

Second, (Immediate,) Paralysis

Duration of Last Sickness, 7 days This was the fourth Attac

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Feb 20th

Undertaker, W. Leifield

Place of Business, 151 Bond St

J E Prichard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64516 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1883

Date of Death, Feby 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronia Otillia Hallbrugge

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 257 N. Carrollton Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Feb 24th 1883

Edw Stout M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N Gay St *Address,* 257 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 64519 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A Sutherland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Six *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Liquor Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} Cor. Caroline & Thulleken Sts

Cause of death, First, (Primary,) Diarrhoea with Congestion of L...

Second, (Immediate,) Collapse

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 21st 1893

Undertaker, Denny & Butterfield

Place of Business, 65 S Broadway *Address,*

Wm Whitridge & M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 6420 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 20 1893

Date of Death, Feb 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Murphy

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, ... *Years,* ... *Months,* 6 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1 Dallas St

Cause of Death, First, (Primary,) ...
Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 20

Undertaker, J Black

Place of Business, ...

Jno. R. Dixon M. D
Medical Attendant.

Address, On file

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 64321 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Baker Cary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 1 *Months,* 8 *Days*

Color, White

~~Married~~, *Single*, ~~Widow, Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, {Give street and Number.} N. 95 McCulloh St

Cause of Death, First, (Primary,) Congenital Brain trouble

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lyn Emmanuel

Date of Burial, Feb 20 1883

Undertaker, Wm Peter & Son

Place of Business, Cr Park & Saratoga *Address,* 97 N Charles St

Henry Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 64522 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph H. Ahrens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 8 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 232 W. Pratt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Febr 20th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Eutaw sts *Address,* 170 S. Sharp St

Wm Gamble (M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

DAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 64323 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 20 1883

Date of Death, February 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Gray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 14 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 420 N. Eutaw St. Lunatic

Cause of Death, First, (Primary,) Visual Test

Second, (Immediate,)

Duration of Last Sickness, 10 Days

All the above Information should be furnished by the Physician.

Place of Burial Mahony Cemetery

Date of Burial Feby 20 1883

Undertaker William A. Engel

Place of Business, 62 East St

G. F. Taylor M. D.

Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16 **Board of Health, City of Baltimore,**

Office of Registrar of Vital Statistics.

Permit No. 64624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Howard.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Huckster.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number} 48 Hanover St.

Cause of Death, First, (Primary,) Apoplexy.

Second, (Immediate,) about 12 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 20 1883

Undertaker, John C. Chase

Place of Business, 78 E. Howard

A. G. Hatch. M. D.

Medical Attendant.

Address, 202 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64326 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1883

CERTIFICATE OF DEATH.

Date of Death, February 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelia Bowie

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, ... *Years,* 4 *Months,* ..... *Days*

Color Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, ... /

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} ~~262 McO~~ 283 N. Dallas St

Cause of Death, First, (Primary,) Pneumonia (Catarrhal)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 20-1883

Undertaker, W. W. Madden

Place of Business, 46 East 8th

Geo. F. Gayler M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64826 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

FEB 20 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 229 Preston st

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 - 1883

Undertaker, Jno W Madden

Place of Business, 46 East-St

C. Winslow M. D.,
Medical Attendant.

Address, 201 W Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6457 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 20 1883

Date of Death, Oct 29

Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Thos Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 63 Plum alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Shock Pal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 29

Undertaker, A Rose

Place of Business,

Geo. H. Dennis M. D.

Medical Attendant.

Address, Con of Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 64628 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 20 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 150 S. Castle St

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feb 20th

Undertaker V. Lippe

Place of Business, 151 S. Bond St.

John A. Ehlers M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

43

Board of Health, City of Baltimore.

Permit No. 6452

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 20 1883

CERTIFICATE OF DEATH.

Date of Death, Sunday, 2-18, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hood Infant (Mother)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Infant

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} 238 Raborg St

Cause of Death, First, (Primary.) ~~Starvation~~ (Exhaustion)

Second, (Immediate.) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, MP

Date of Burial, 2/20/83

Undertaker, J. Kershner

Place of Business,

L. L. Button M.D.,
Medical Attendant.

Address, 467 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the accompanying Rules, and to [illegible] on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 64630 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, Feb. 18 / 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James McCabe

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 102 Chestnut

Cause of Death, First, (Primary,) Apoplexy - (Instantaneous) - death, (Intemperate) and Exposure afterward

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb 21st 1883

Undertaker, James S Byrne

Place of Business, No 63 N Front St

D. Sheets - M. D.

Medical Attendant.

Address, 408 Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6463 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 94 Jackson St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20 1883

D. A. Gillies M. D.

Medical Attendant

Undertaker, Alex Hennen

Place of Business 11 Gorsuch Ave. *Address,* 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

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Permit No. 6465-32

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 20 1863

CERTIFICATE OF DEATH.

Date of Death, Feb - 20th - 1863.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Smith.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age 28 *Years* — *Months* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labrer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } No - 246 N. Gilmor St.

Cause of Death, First, (Primary.) Chronic Phthisis -

Second, (Immediate.)

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Feb 21

Undertaker, Martin Fake

Place of Business, 128 Hanover Street *Address,* Holliday, Saltmore St.

By R. H. Goldsmith M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62533 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th day of February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elise Rosine Mayer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 51 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 63 Hanover Str.

Cause of death, First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feby 21st

Undertaker, C. D. Carroll

Place of Business, 134 Hanover St

Fred. Kelp M. D.,
Medical Attendant.

Address, Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64534 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Kayhart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *D*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 642 W. Baltimore st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 21 st 1883

Undertaker, Jas. B. Cook

Place of Business, 1707 N. Baltimore st *Address,* 115 W. Monument st

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64335 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 18 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 21 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasm Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 22

Undertaker W R Dingee

Place of Business,

Dr Lennig M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6456 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2, 19, 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. E. Bump

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 23 *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 8 mo 23 dys

Place of Death, { Give street and Number. } 48 Eastern

Cause of Death, { First, (Primary,) Pneumonia 2 / Second, (Immediate,) }

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 21st 1883

Undertaker, M J Jordan

Place of Business, 83 Park Ave

Wm Kaufman M. D.
Medical Attendant.

Address, 329 Hurst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6433 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Spence

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 285 N Durham

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 21

Undertaker, M Dippel

Place of Business,

Geo H Dunn M. D.

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 64536 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Elliott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty Years, 11 Months, 21 Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 138 S. Spring St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Feby 21 1883

Nicholas L Dashiell, Jr. M. D.
Medical Attendant.

Undertaker H. Snider Son

Place of Business 207 E. Baltimore St, *Address,* 207 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6453 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1883

CERTIFICATE OF DEATH.

Date of Death, Feb ~~January~~ 20, 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Potts

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Manchester England

Duration of Residence in the City of Baltimore, 32 years

Place of Death { Give street and Number } 259 Saratoga St.

Cause of Death, First, (Primary,) A fall down Stairway

Second, (Immediate,) Compression of Brain

Duration of Last Sickness; One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 22 1883

Undertaker, J. S. Loane

Place of Business, 8 N. Paca St *Address,*

L. G. Leitheiser M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64540 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ___ Years, ___ Months, ___ Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 66 Stirling St

Cause of Death, First, (Primary,) ___

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Green Mount

Date of Burial, Feb 21st

Undertaker, Chas A White

Place of Business, 38 Franklin St

Silas H. Saunders M.D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} None Baner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Months, 2

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 11 Eutaw Court

Cause of Death {First, (Primary.) Asphyxia

{Second, (Immediate.)

Duration of last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 21st

Undertaker, Chas A White

Place of Business, 34 Granby St

Eugene F Cordell

Medical Attendant

Address, 125 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6434 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 21 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Smart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color. White.

~~Married, Single,~~ Widow or ~~Widower.~~ {Cross out the word not}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 9 Patapsco St.

Cause of Death, First (Primary), Organic Disease of the heart.

Second (Immediate), Marasmus.

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, M. E. Canal Cemetery

Date of Burial, February 22nd 83

Undertaker J. C. Selinde

Place of Business, 265 Alice Ave. *Address,* 95 East Ave.

A. R. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 4543 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Gilbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* *Days*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 493 Eastern Ave

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 Days

the above information should be furnished by the Physician.

Place of Burial, Dalto Cem

Date of Burial, Feb 21 1883

Undertaker G. Pearman

Place of Business, Bank & Wolf *Address,*

M D

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 8. And be it further enacted, That in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Board of Health, City of Baltimore,

Permit No. 6465-44

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and must give it, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1884 11 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Foard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 Years, 6 Months,

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housegirl

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Charles Co.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 61 Grand Al.

Cause of Death, First, (Primary) Psoas Abscess

Second, (Immediate.) Peritonitis,

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Nov 20 1884

Undertaker, H Whelan

Place of Business, 198 Hanover St

L.R. Coale

Medical Attendant.

Address, 117 Caldwell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUBANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 64345 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 1883 FEB 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Upshur Moore

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* one *Months,* 15 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 211 Hanover st

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Lutheran Cemetery

Date of Burial. Feb 20 1883

Undertaker, H Davis

Place of Business, 95 Conway

J. H. Wilson, M. D.

Medical Attendant.

Address, 108 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [Over

Board of Health, City of Baltimore,

Permit No. 64346 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Attilie Flatau

Sex; Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 280 W. Pratt St

Cause of Death, First, (Primary,) Suicide by taking Laud

Second, (Immediate,) none

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 21st

Undertaker, C H Blizzard

Place of Business, 198 Penna ave

J G Connelly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64377 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1893

CERTIFICATE OF DEATH.

Date of Death, February 19 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isidore Ferdinand Flatau

Sex, Race or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 280 W. Pratt St

Cause of Death, First, (Primary,) Suicide from taking

Second, (Immediate,) Laudanum

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 21st

Undertaker, E. H. Blizzard

Place of Business, 198 Penna. Av.

F. G. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64346 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Stahr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 54 *Years, Months*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany 41 yrs

Duration of Residence in the City of Baltimore, 41 yrs

Place of Death, {Give street and Number.} St Josephs Hospl

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 21 1883

Undertaker C. Rosenberger

Place of Business, 70 Hillen

Otto Hoker M. D.
Medical Attendant.

Address, 188 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Special Attention of Physicians is respectfully invited to the [illegible] of this [illegible]

Board of Health, City of Baltimore,

Permit No. 6 4 6 2 4 9 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 25 1883

Date of Death, Feb 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Thomas McCorquick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] years, [illegible] months,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Superannuated Preacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Loudon Co Va

Duration of Residence in the City of Baltimore, about 66 years

Place of Death, {Give street and Number.} Cor Park Ave & Preston Sts

Cause of Death, First, (Primary,) Rheumatic neuralgia of Chest

Second, (Immediate,) Paralysis of the heart

Duration of Last Sickness, about a week or ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feby 22d 1883

Undertaker, Thos J Mc Glue

Place of Business, 40 E Balto

Elias C Price M. D.
Medical Attendant.

Address, 262 Mead ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 64550 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fill-out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1883 BALTI...

CERTIFICATE OF DEATH.

Date of Death, Feby 20 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Wilson

~~Sex, Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 yrs *Years,* *Months,* *Da...*

Color, Col

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Winchester

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and Number. } 2 N Gay Sn

Cause of Death, { First, (Primary,) Phthisis Laryngeal
Second, (Immediate,) 6 or 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va'

Date of Burial, Feby 21st 1883

Undertaker, Saml H Chase

Place of Business, 198 S Main St *Address,*

A V Lindsay M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 64557 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1883

CERTIFICATE OF DEATH.

Date of Death, 20 February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Jordan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westphalia Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} West Fayette St 249

Cause of Death,
First (Primary), Fractures of both arms
Second (Immediate), Weakness

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Hebrew Cemetery

Date of Burial, Feby 22d. 1883

Undertaker William Eilau

Place of Business, 101 Gough Str

A. D. Reinhardt M. D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form 1

Board of Health, City of Baltimore,

Permit No. 64655 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Grossman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 1 *Months,* 18 *Days*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 149 Conway Street

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cemetery

Date of Burial, Feb 21st

Undertaker, L. N. Stolle

Place of Business, 53 Hanover

C. Stolzer M. D.
Medical Attendant.

Address, 149 Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6466 3 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Holland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,*

Color, White

Occupation, {Cross out the word not required.} Farmer

Birthplace, {State or country and how long in the United States, if of foreign birth.} Montgomery Co, Md

Duration of Residence in the City of Baltimore, 25 Years,

Place of Death, {Give street and Number.} # 713 West Fayette St,

Cause of Death, First, (Primary,) Congestion,

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feby 22nd 1883

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave.

C. H. Jones M. D.
Medical Attendant.

Address, W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18 **Board of Health, City of Baltimore,**

Permit No. 6455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20. 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Singleton

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ Years, ____ Months, ____

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 16 Henry st.

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Marasmus Tabes atrophia

Duration of last Sickness, (6 mos. since birth)

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 21st 1883

Undertaker, Thos Dennis

Place of Business, 243 Eight st

W. G. Sandrock
Medical Attendant.

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64666 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Jackson Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 7 *Days*

Color, Black

Married, Single, Widowed or Widower {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 179 Vincent Alley

Cause of Death, First, (Primary,) Pneumonia —

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, February 21 1883

Undertaker, William A Dugee

Place of Business, 62 East Lee

John H. Walker, M. D.
Medical Attendant.

Address, 453 Lemmon Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6456 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as possible if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 Years, ____ Months, ____ Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 79 East St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 21 1883

Undertaker, William H Dwyer

Place of Business, 62 East st

E. B. Stanley M. D.
Medical Attendant.

Address, Cor Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64557 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Gundmonske

Sex; Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, ... Months, ... Days

Color White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 168 Canton Ave

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Cramps

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 24

Undertaker, W Disque

Place of Business, ...

Geo W Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64888 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelina Fultz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower {Cross out the word not required.}

Occupation, #

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 Years

Place of Death, {Give street and Number.} 2445 Dallas street

Cause of Death, First, (Primary,) Pneumonia (Supposed)

Second, (Immediate,)

Duration of Last Sickness, about 5 Days

All the above information should be furnished by the Physician.

Place of Burial ~~C.H.~~

Date of Burial, July 21

Undertaker, W. J. Coleman

Place of Business,

Thos. M. Morfit M. D.
Corner E & Fayette
Medical Attendant.
Address, 67 Wash'n St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6435 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Nyman.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 15 Blair st Market Lot 9

Cause of Death, First (Primary),

Second (Immediate). Starvation

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, E Pub Cem

Date of Burial, Feb 18-1883

Undertaker W Coleman

Place of Business,

Geo R Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Jno F. Buchanan

Board of Health, City of Baltimore,

Permit No. 6426 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Deitz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 9 Abbott St

Cause of Death, First (Primary),

Second (Immediate) Croup 2 d

Duration of Last Sickness, 9 days.

the above information should be furnished by the Physician.

Place of Burial, Lutherans

Date of Burial, Feb 20 - 1883

Undertaker Wm Fink.

Place of Business,

Geo. H. Guion M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Jno. E. Reading

Board of Health, City of Baltimore,

Permit No 64561 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Kaeotaki

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 168 Canton Ave

Cause of Death,
First (Primary), ...
Second (Immediate). Small Pox

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, Feb 20th 1883

Undertaker M Colman

Place of Business, City Hall

Geo. H. Dixon M. D.
~~Medical Attendant~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Geo R Cragg S.I.

Board of Health, City of Baltimore,

Permit No. 4566 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE ~~OF~~ DEATH.

Date of Death, Dec 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Williams

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, Ca

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1135 Spring

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ED

Date of Burial, Dec 21

Undertaker, H Cleveland

Place of Business,

Chas. R. Dunn M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 6456 3 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. Feb. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Vogely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} # 760 Alice Anna St.

Cause of Death, First (Primary), Peritonitis (Cause unknown)

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Febr 22nd 1883.

Undertaker Wm Nicolaus

Place of Business, 268 Alice Anna

John H Kelberger M. D.
Medical Attendant.

Res. Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64367 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 20/68

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Kosmin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* — *Days*

Color, white

Married, Single, Widow or Widower {Cross out the word not} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number} 144 Lakeside Ave.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb. 22nd 1868

Undertaker Henry Hofmann

Place of Business, 63 N. Eden St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

13

Board of Health, City of Baltimore,

Permit No. 64366

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 21 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Woodall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years* 4 *Months* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Bartlett St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Small Pox

Duration of Last Sickness, about one Week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 24

Undertaker, J Bloob

Place of Business,

H. H. Mebus M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64366 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 21 1893

CERTIFICATE OF DEATH.

Date of Death, 9 Sept 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry E Jackson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 3 Bartlett

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 9 23 93

Undertaker, J J Lancaster

Place of Business,

Geo H Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6436 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. One Visit

Date of Death, February 20th 1883 - FEB 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Schiele

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age 23 Years Months. Days.

Color, White

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.} Widower -

Occupation, Machinist

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Germany 30 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 223 S. Wolf St -

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption -

Duration of Last Sickness, 9 Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Eastern Av burying

Date of Burial. 22. Feb

Undertaker, Theo J. Lecke

Place of Business, 73. Jefferson

N. S. Dashiell. Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 67868 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 22 1883

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Russell.

Sex, Male or Female, {required in this line.}

Age, 0 2 *Years,* *Months.* *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} Chester Road & Third St.

Cause of death, First, (Primary,) Epilepsy

Second, (Immediate,) Apoplexy, Result Epilepsy

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 22 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St. *Address,* 273 Washington St.

John I. Ridgely M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over.)

No. 6470

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

Permit No. 64569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of such person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1893

Name and Surname of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. A. Hunt

Sex, Male or Female, {erase out the word not} Male

Age, 46 Years, — Months, — Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number} Bond Street Infirmary, 1 West St.

Cause of Death, {First, (Primary.) Spinal Disease; Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 22nd 1893

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Medical Attendant.

Address, Bond Street Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...& CITY PRINTERS AND STATIONERS.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 6457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Wenzel

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 10 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Ship Joiner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City Life time

Duration of Residence in the City of Baltimore, No 332 E. Fall-st

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Organic Heart Disease. Second (Immediate,) Acute Pulmonary Oedema.}

Duration of Last Sickness, Half Hour.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, Feby. 22 / 83

Undertaker, M. A. Daige

Place of Business, 74 S. Bway

J. D. Fiske
Medical Attendant

Address No. 334 E. Fall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore.

Permit No. 6437 **Office of Registrar of Vital Statistics.** **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21. 93.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Henry L Burner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 32 China St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Feb. 22 93

Undertaker Chas Heuisler

Place of Business Washington Ave. Address, 21 S Sharp St

W S Bowie M. D.
Medical Attendant.

...t from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...*nd be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of ...nded during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ... full name, sex, age and condition (whether married or single) of the person deceased, and the ... births and deaths of illegitimate children.

[over]

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6475

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Shultz

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 2 Years, 7 Months, 3 Days.

Color, White

~~Married~~, Single, Widowed, {Cross out the words not required in this line.}

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 727 Baltimore

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Pneumonia and Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 22d 1883

{ Undertaker, J. McLeanahan
Place of Business, 712 W. Baltimore

Address 324 N. Eutaw St.

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64573 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Anne Phin

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin, Ireland.

Duration of Residence in the City of Baltimore, Thirty-years.

Place of Death, {Give street and Number.} 75 Cross St.

Cause of Death, First, (Primary,) Chronic Pelvic Abscess

Second, (Immediate,) Dysentery.

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, February 22

Undertaker, B. Myers

Place of Business, 82 West St

P. J. N. Tate M. D.
Medical Attendant.

Address, 152 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[over.]

Board of Health, City of Baltimore,

Permit No. 4277 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Dimick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 262 Bolton

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, February 23

Undertaker, B. Hall

Place of Business,

Leonard Coale M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6475 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1883 BALTIMORE, MD.

Date of Death, Feb 21st, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Klein

{Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 261 Canton Av.

Cause of Death, First (Primary), Pseudomembranous Laryngitis

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, Feb 22d 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,*

John H. Keller Jr M. D.
Medical Attendant.

Address, 243 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 6476 Office of Registrar of Vital Statistics, Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT
FEB 22 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 21 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Michael Howard

Sex, Male or Female, { Cross out the word not required in this line. } I

Age, — *Years,* 13 *Months,* — *Days*

Color, White

Married, Single, Widow, Widower, { Cross out the word not required. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 84 N Washington St

Cause of Death, First (Primary),

Second (Immediate), Spinal Injury

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 22 1883

Undertaker John Koerner

Place of Business, 382 Orleans St *Address,*

A M Thrasher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 64177 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER ...

HEALTH DEPARTMENT FEB 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Walter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widowed or Divorced, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 250 Hanover St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore Pat. Cem

Date of Burial, July 22d 1883

Undertaker, F. A. Kerchner

Place of Business, 50 S Calhoun

Geo. H. Braun M. D.
Medical Attendant.

Address, 250 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6471 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 9 E. Biddle St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pleurisy

Duration of Last Sickness, about 1 month

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial. Feb 22nd 1883

Herman Cortes M. D.

Medical Attendant.

Undertaker, Abel F. Sprigg

Place of Business, 271 W Baltimore St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6459

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. 12 W

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 22 1883, BALTIMORE, MD.

Date of Death, February 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Burlingham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 years, 7 Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, { Give street and number. } 203 Dolphin St

Cause of Death, { First, (Primary.) / Second, (Immediate.) } Hemorrhage of Lungs

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 25th

Undertaker, R. Emmerton

Place of Business, 119 N. Howard

H. W. Ohnin

Medical Attendant. M.D.,

Address, 48 McCulloh

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB 28 1883

Permit No: 04580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 70 Chestnut St

Cause of Death, {First, (Primary.) Pneumonia

Second, (Immediate.) ____

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Burying Ground

Date of Burial, Feb 23rd 1883

Undertaker, Daniel Dunger

Place of Business, 43 Chestnut St.

H. J. Wilson M.D.
Medical Attendant

Address, 81 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6481 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correct *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. C. Baldwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years 7 Months 6 Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 80 S. Carey St.

Cause of Death, First, (Primary,) "Diphtheria"

Second, (Immediate,)

Duration of Last Sickness, 17 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 22/83

J. G. Guthrie M. D.
Medical Attendant.

Undertaker, John A. Lawler

Place of Business, 66 Hanover St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6482 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M Jefferson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age,

Color, Colored.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 17 Pine al

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart disease

Duration of Last Sickness, 8 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 23 1883

Undertaker, S Wallace

Place of Business, 19 & Howard sts

Alexander Smiley M. D.

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 5453 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 21st Feby. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Steele

Age, 70 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation Nurse

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and Number. } 8 Peach alley

Cause of Death, First (Primary), Pleuro-Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb. 22 1883

Undertaker D W Chase

Place of Business 19th & Maryland Ave *Address,* 146, Hill St.

T. A. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, in each manner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 22 1883 BALTIMORE, MD.

Date of Death, Feb 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Moore

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out words not required}

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 50 Oxford St

Cause of Death { First, (Primary.) Scarletina
Second, (Immediate.)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurels

Date of Burial, Feby 22 1883

{ Undertaker, S W Chase
Place of Business, 199 Lanvale St

Thos. Latimer
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. "And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6455

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 23 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If any not named, give names of parents.} Margaret Wales

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 McCulloh St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22nd 1883

Undertaker, S. E. Sachs

Place of Business, 73 Jefferson Address, 20 ½ Greenmount ave

Wilmer Brinton M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore.

Permit No. 6488 — Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or [illegible] requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 22 1883 BALTIMORE, MD.

Date of Death, Feb. 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* ____ *Months,* ____

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 153 Forest st

Cause of Death, First (Primary), Organic disease of Heart

Second (Immediate) ____

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, Feb 22 1883

Appleyard M.D.
Medical Attendant.

Undertaker James D Byrne

Place of Business, [illegible] Address, 21 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (over.)

The Special Attention of Physicians is respectfully invited to the Schedule below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 6487 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 22 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Bay.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 Years, ... Months, ...

M. T.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Shoe Maker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Maryland.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 220 E Monument St.

Cause of Death, First, (Primary,) Debilitation

Second, (Immediate,) Congestive Chill.

Duration of Last Sickness, 8 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 24/83.

Undertaker, John Lake

Place of Business, 220 E Monument Address,

D E Heard. M.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Permit No. 64588

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. 1220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately and *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, FEB 22 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Andrews

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Mc Culloh st

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 24th 1883

Undertaker, John J Andrews

Place of Business, 144 & 146 Druid Hill Ave

C. C. Phillips M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64559 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as possible if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 22da 1883 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reubin McClanahan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age = 59 Years

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Engineer -

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland -

Duration of Residence in the City of Baltimore, 55 -

Place of Death, {Give street and Number.} 334 McDonough St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 2 years -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 24th

Undertaker, Geo Schilling

Place of Business,

Irving Miller M. D.

Medical Attendant.

Address, 179 E. Monument.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 14590 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1883

CERTIFICATE OF DEATH.

Date of Death, July 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not so med. give names of parents.} John Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 29 Jacobs Alley St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 1 Little Pine St

Cause of Death, First (Primary).

Second (Immediate) Croup

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jul 22

Undertaker A N Sythers

Place of Business, 6-8 Hydnet *Address,*

Alexander Frisbee M D
Medical Attendant

Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1883

CERTIFICATE OF DEATH.

Date of Death, February 21 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Haas

{Cross out the word not required in this line.}

Age, 6 Years 3 Months

Color, White

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Thirty years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 126 N. Central avenue

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, One month or more.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 24th 1883

Undertaker, H. Hofmann

Place of Business, 631 N. Eden st

J. Hamel Monheimer M.D.

Medical Attendant.

Address, Belair avenue near Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. [redacted] *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22d - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philmena.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age. Years ..... Months, 15 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Feb. 23d / 83.

Undertaker, Pat. Hunt

Place of Business, Fisin & Hunt

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14693 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* ~~Days.~~

Color, White

~~Married, Single or Widow,~~ {Cross out the words not required in this line.}

Occupation, ~~Child~~

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, 23d/83.

Undertaker, Pat. Hunt.

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6437 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Feby 22 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Lee Mann

Female {Erase word not required in this line.}

Age, Years. 3 Months, 2 Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 940 W Balt. St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 940 W Balt St

Cause of Death, First (Primary),

Second (Immediate), Comp

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 23rd 1883

Undertaker J Frank Jones

Place of Business 5 N Bylestone *Address,* Comm

Alexander Imbley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and ~~condition (whether married or single)~~ of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 64696 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 23-83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes L. Smith

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 120 W. Baker st

Cause of Death, { First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 23

Undertaker, Hobbman

Place of Business 336 Pen Ave

H. D. Hauck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 Feb. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christ. F. Nölker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 82 Years, 5 Months, 16 Days.

Color, White

Married, Single, or Widow or Widower, {required in all cases.}

Occupation,

Birthplace, {State or country. (Add how long in the United States if of foreign birth.} near Osnabruck, Hanover, Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} 2nd 347 Mulberry St.

Causes of Death, First, (Primary.)

Second, (Immediate.) Marasmus Senilis.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cem.

Date of Burial, Feb 23rd

Undertaker, A. Rohde

Place of Business, 48 Penna ave

G. Pape, M. D.

Medical Attendant.

Address, 583 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 6437

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

RECEIVED
OCT 23
1883

Date of Death, Oct. 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. M. Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 hours *Years,* *months,* *Days.*

Color, White

Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 202 N. Eden St.

Cause of Death, { First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 23

Undertaker, J. Schulley

Place of Business,

Address, Jno. Hooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 64278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Henry T. Whiting.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 Years. Months. Days.

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth} Fauquier Co, Va.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number} 64 Hotchkiss St. "Carrollton"

Cause of Death, First, (Primary.) Pleurisy.

Second, (Immediate.)

Duration of last Sickness, Sick (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt.

Date of Burial, Feb. 23rd 1893.

Undertaker, Frank St Chase

Place of Business, 1 E. Fayette

S. H. Watts. Medical Attendant.

Address, 203 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6499 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1883

CERTIFICATE OF DEATH.

Date of Death, Thursday February 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Katherina Baer

Sex, Male or Female, {Cross out the word not required in this line.}

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wurtemburg Germany 43 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 75 Irluyton Avenue

Cause of death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 24th 1883

Undertaker, Geo Baer

Place of Business, 859 Baltimore St.

Dennett H Jones M. D.
Medical Attendant.

Address, 561 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64600 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Faiek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 3 7

Place of Death; {Give street and Number.} Rear of Md. Lead Factory

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) .....

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, February 2d

Undertaker, B. Hoke

Place of Business, 52 West St

Dr. Elles M. D.
Medical Attendant.

Address, 310 Light St

Burial

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64601 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1883

CERTIFICATE OF DEATH.

Date of Death, Febr. 23d. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Baechtold

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 18 S. Chapelle st.

Cause of Death, First, (Primary,) Variola confluens

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Lt Alb Bonsall

Date of Burial, Feb 23 d 83

Undertaker, G Franc

Place of Business, Bank & Holl

D. G. Dausel, M. D.
Medical Attendant.

Address, 3 N. B'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No 64602 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1893

Date of Death, Feb. 28 93

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Carter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days*

Color Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and Number. } 269 Cross St

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 24

Undertaker A Ross

Place of Business, Bloneal 94

W. S. Bond M.D.
Medical Attendant.

Address, 210 Shard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64603 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1883

Date of Death, Feb 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary E Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 Wesley St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 23

Undertaker, H Doll's

Place of Business, Broadway

J. D. Wiley M. D.,
Medical Attendant.

Address, 188 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6460 A. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Harrington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 111 S. Wash.n St. ✓

Cause of Death,
First (Primary), Small Pox
Second (Immediate), ...

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 23

Undertaker M. Clarke & Son

Place of Business, 92 O. Ann

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 64606 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Mienz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and Number.} #482 Canton Av.

Cause of Death, First (Primary), Paralysis of lower extremities preceded by inflammation of Spine.

Second (Immediate),

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Sol Paulus Cemetery

Date of Burial, Feb. 24th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

John H Kelberer M. D.
Medical Attendant.

Address, 1423 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6406 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1883

Date of Death, Feb. 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Burk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty Years, Months, Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Michaels Md.

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give street and number.} No. 11 E. Ross st.

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) Dropsy

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, Febry 23d 1883

Undertaker, Wm H Gorman

Place of Business, 65 Mulberry st

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene st.

*** Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health. City of Baltimore.

Permit No. 64607 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara E. Whitlock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and Number.} 592 Penn Ave

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 23

Undertaker, C. H. Blizzard

Place of Business, 1980 Pen

J. H. D. Hunt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 4606 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 1893

CERTIFICATE OF DEATH.

Date of Death, February 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley V. Woodward

~~Sex, Male or Female?~~ {Cross out the word not required in this line.}

Age, 48 Years, Months, Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington City DC

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Central Police Station

Cause of Death, First, (Primary,)

Second, (Immediate,) Exhaustion & dissipation

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Ex

Date of Burial, Feb 23

Undertaker, M. Coleman

Place of Business,

J G Connelly M. D.,
Medical Attendant.

Address, Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 64669 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 1883

Date of Death, Feby 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S Suggs

{Cross out the word not.}

Age, 1 *Years,* 2 *Months,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 21 Cedar Court

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ma

Date of Burial, Feby 23

Undertaker F Kershner

Place of Business,

Alexander Insley M D

Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Kegler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age. 6 *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Restaurant Keeper

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 90 years

Place of Death, {Give street and number} S.E. Cor. Forrest & Low Sts

Cause of Death, First, (Primary.) Bright's Dis. of the Kidneys

Second, (Immediate,) Anasarca, Pul. Oedema, Cerebral Apho[illegible]

Duration of last Sickness, About 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 25th

Undertaker, Geo Schilling

Place of Business, 2

Christopher J. Laylor
Medical Attendant.

Address, 82 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DUBLEBIT & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6461 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State in what country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 154 N. Stricker

Cause of Death, First, (Primary,) Scalatina

Second, (Immediate,) Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb 24 83

Undertaker, Demy & Mitchell

Place of Business, 930 W. Fayette

J. T. McHood M. D.
Medical Attendant.

Address, 322 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

This child's head was again a no / let

Board of Health, City of Baltimore,

Permit No. 6462 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Story

Sex, Male or Female, {Cross out the word not required in this line.} Male

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Police Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co Mass

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give street and Number.} 7 S. Carey st

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 25 - 83

Undertaker, Henry & Mitchell

Place of Business, 531 W Fayette

J. Smith Hood M. D.
Medical Attendant.

Address, 122 Holliday st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

#64613

Date Death Feb 23/83

Anna E. Kaller.

Female

age 2 yrs 5 mos.

white

Born in Balto Md

Place Death 89 Anna ave

Cause Death

Diphtheritic Croup

sick 8 days.

J. Keller Sr

188 Franklin

Undertaker Balt Cemetery Feb 24

Walter Emmert

315 N Biddle

Board of Health, City of Baltimore,

Permit No. 64614 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Occupation, Seaman

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St Vincents Hospt

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Feb 24 '83

Undertaker, J. F. Byrne

Place of Business, 59 Liberty St

D. W. Butler M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Board of Health, City of Baltimore,

Permit No. 64616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correct *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 24 83

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Neill

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years* *Months,*

Days. 4 M 7

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 yrs 7 mos

Place of Death, {Give street and number.} 135 N. Central Ave

Cause of Death, First, (Primary.) Variola Vera

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Feb

Undertaker, Ehrg. Bro

Place of Business,

J Hutton M.D.
Medical Attendant.

Address, 245 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimore.

Permit No. 64616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Victoria Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 3 years *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 318 Franklin St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetry

Date of Burial, Feb 24 1883

Undertaker, A Rosenberger

Place of Business, 70 Hanover St

Felix Jenkins M.D.,
Medical Attendant.

Address, No 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 64617

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 23.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, write name} Wm G. Hoos

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 318 Franklin St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) with Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetry

Date of Burial, Feb 24 1883

Undertaker, A Rosenberger

Place of Business, 70 Hulbert St

F Jenkins M.D.,
Medical Attendant.

Address, 9 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64618 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Connelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 2 *Years,* *Months,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 E. Franklin Hospital

Cause of Death, First, (Primary,) Acute Gastritis

Second, (Immediate,)

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, ~~Bath Cemetery~~ Holy Cross Cemetery

Date of Burial. Feb. 24 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry

Otis F Hartung M. D. Medical Attendant

Address, 188 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6419 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

FEB 24 1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eugene Evans

Sex, Male or Female? (Write in full)

Years, 4 *Months,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 2 Mulliken St Court

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Cardiac paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febry 24. 1883

Undertaker William A. Dungee

Place of Business, 62 East St

G. E. Lucke M.D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6462 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Evans

Age, ... Years, 4 Months, ...

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 2 Hilliken st. court

Cause of Death,
First (Primary), Diphtheria
Second (Immediate), Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 24. 1883

Undertaker William H. Dugee

Place of Business, 62 East St

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Formula below, and to [illegible]

19

Board of Health, City of Baltimore,

Permit No. 64624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 24 1883

Date of Death, July 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Ella Lloyd

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Eleven Years Months.

Color, Colored Sex, Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Va

Duration of Residence in the City of Baltimore, Past four years

Place of Death, {Give street and number.} No 8 Cairo St. Balto

Cause of Death, First (Primary,) Tuberculosis Consumption

Second (Immediate,) Edema Cerebri

Duration of Last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetery

Date of Burial, July 24. 1883

{Undertaker, William H Dugee

{Place of Business, 62 East St

John Blacklock M.D. Medical Attendant

Address 247 Fulton Ave Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6076 2 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1883. FEB 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin S. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 8 *Months,* (Da

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Superintendent Ship Mills

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 175 Stevens St.

Cause of death, First, (Primary,) Consumption of the

Second, (Immediate,) Lungs.

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 25-th 1883

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

John J. Kind, M. D.
Medical Attendant.

Address, 215 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within ~~forty-eight hours after the death~~, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6462 5 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 24 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. L. Gaulthop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... Years, ... Months, ... Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 98 Master St.

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Scarlet Fever.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 24th

Undertaker, C H Biggard

Place of Business, Cor Pine & Forrest

Pembroke Wm. Wandle M. D.
Medical Attendant.

Address, 203 W. Lanvale St

Received

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Katharine Stein

Female

Age 61 Years, 9 Months, 24 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Keeping House

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wüstenberg Germany

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number} No. 108 Chew St

Cause of Death, First, (Primary.) Cancer of Stomach & Liver

Second, (Immediate.) Starvation and Exhaustion Through ~~from~~

Duration of last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, 25th of Feb.

Undertaker, Fred Gaede

Place of Business, 29 d Gardiner St

A. E. Stein, M. D.

Medical Attendant

Address, 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Regulations below, and to List of Diseases on Back [illegible]

5

Board of Health, City of Baltimore,

Permit No. 64626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feby. 23 — "83

Full Name of Deceased, {Write legibly and spell surname. If an infant, name of parents.} Annie Schrader

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 Years, 8 Months,

Color, White Sex, Female,

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long if United States), or if foreign birth.} Balto, Always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Eneor St

Cause of Death, First (Primary,) Smallpox

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 24

Undertaker, C Rossney

Place of Business,

Alexander Hill M. D.
Medical Attendant

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 64626 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Robinson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia U.S.

Duration of Residence in the City of Baltimore, 23 years

Place of Death {Give street and number.} 243 Canton Av

Cause of death, First, (Primary,) Organic disease of Heart

Second, (Immediate,) Dropsy

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, February 26th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

Jno. L. Siguel M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6467 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1883

CERTIFICATE OF DEATH.

Date of Death, July 23 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Monahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 85 Stiles st.

Cause of Death, First (Primary), Diphtheria malign.

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 25th

Undertaker M. Clarke & Son

Place of Business, 70 S. Amm

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64628 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB. 24 1893

Date of Death, 2.23.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ray H Hyde

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 Yrs 9 Mos

Place of Death, {Give street and Number.} 107 N Pennsd

Cause of Death, First, (Primary,) Scarlet

Second, (Immediate,) Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Feby 24th 1883 H H Cushman M. D.

Medical Attendant.

Undertaker, S. Lewis Schaefer

Place of Business, 109 N Gay St *Address,* 917 Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bauer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 Years

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 174 E Monument St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 25 1883 Hall Cullen M.D.

Medical Attendant.

Undertaker, John Heaver Jr

Place of Business, 362 Orleans St *Address,* 157 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64630 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 24 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 509 N. McElderry

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Auburn

Date of Burial, Feb 27

Undertaker, C A Wolfe

Place of Business,

Geo. W. Gibson M. D.,
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 64631 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 24 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander A Fahey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~7~~ Years, Months, Days,

White

~~Married~~ Single Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and Number.} 75 S. Gilmor st

Cause of Death, First, (Primary,) Fracture of Vertebral Colum

Second, (Immediate,)

Duration of Last Sickness, 6 mos & 13 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 26th 1883

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore Street

James Bosley M. D.
Medical Attendant.

Address, 219 Holliday st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Kelly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 48 *Years.* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, House work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} Jefferson al Parrais & Lowndes

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 25th 1883

Undertaker, Jos B Cook

Place of Business, No 2 N Baltimore Street

J H Buchanan

Medical Attendant.

Address, 305 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the

Board of Health, City of Baltimore,

Permit No. 64633 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 24 1893

Date of Death, July 22nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Mason

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, (Years, 5 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Pine Ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Quinsy Sore

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jul 24th

Undertaker, Chas A White

Place of Business, 35 Franklin St

Dr. A. Gillis M. D.
Medical Attendant.

Address, 1180 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6463 4 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 24 1883

Date of Death, Feby 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Howard Gannon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 35 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1 Plum Row

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 27

Undertaker, G Perkins

Place of Business, ...

Geo. H. Dunn M. D.
Medical Attendant.

Address, Corner of Alley B

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64835 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 24 1883

Date of Death, Feb 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Daughetty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Years Two *Months* *Da*

Color White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 157 Mulliken St

Cause of Death, First, (Primary,)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 24 83

Undertaker, Fry & Row

Place of Business, 107 N Broadway Address, Baltimore Broadway M. E.

Milton N. Taylor M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64636 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 23d 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Lamaine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days*

Color, Black

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 18 Hull Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial E B Public Cemty

Date of Burial, Feby 23/83

Undertaker, M Coleman

Place of Business,

Geo. W. Dunan M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6467 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1883

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Henrica Eder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, as given by relatives Years, Months,

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Gumany

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and Number.} No 85 Bank Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Sat 25th

Undertaker, W Diffel

Place of Business, 151 S Bond St

Wm H Clendenin M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule 6 of Directions on Back.

Board of Health, City of Baltimore,

Permit No. 6428 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Konerski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower {Cross out the word not required.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 352 S Caroline St.

Cause of Death, First (Primary), Diptheria.

Second (Immediate),

Duration of Last Sickness, Five days

All the above info mation should be furnished by the Physician.

Place of Burial, Peter C

Date of Burial, Feb 25th

Undertaker W Lippe C

Place of Business, 157 S Bond St

John H. Kelberger M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6463 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeana Bobbett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Thirteen *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 225 Easton Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Twenty Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Madonna C

Date of Burial, Feb 24th

Undertaker, W Doffpel

Place of Business, 151 S Bond

Jno H Clendinen M. D.
Medical Attendant.

Address, 2102 N Rivedra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6464 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 23d. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna H. Parsons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life except 10 yrs. in Wash. D.C.

Place of Death, {Give street and Number.} 570 N. Balto. St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, about 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feby 25 1883

Undertaker, Thos G Hughes

Place of Business, 69 E Balto

Eldridge G. Price, M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6461 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard Caulfield

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Y. M.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State the country, and now long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and Number. } 58 Hillman St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Calvary Cath.

Date of Burial, 25 Sunday 2 P.M.

Undertaker, H. C. Warfield

Place of Business, 20 S. Eutaw Ave

Chas. Andre Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore.

Permit No. 64642 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 2 12 1883

CERTIFICATE OF DEATH.

Date of Death, 23rd Feb. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Semple Bordeaux

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months,* 27 *Days.*

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Salesman

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and Number.} 60 St. Paul Street

Cause of Death, First (Primary), Pulmonary Consumption (Complicated by Intemperance)

Second (Immediate)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge, Md.

Date of Burial, Feb. 25th 1883

Undertaker W. H. Coy & Co

Place of Business,

E. B. Finney M. D.
Medical Attendant.

Address, 60 Courtland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64643 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence M. Benson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1/4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6- Lewis Alley

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,)

Duration of Last Sickness, 1 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25/883

Undertaker, W. Murphy Funeral

Place of Business, No 62 E Fayette St

H. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health. City of Baltimore,

Permit No. 64644 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permits for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Campbell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, or Widowed, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } St Vincents Hospital

Cause of Death, { First, (Primary,) Consumption – Phthisis Pul – Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Altoona Pa

Date of Burial,

Undertaker, Jos O Byrne

Place of Business, 63 Hanover Address,

J H Butler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Permit No. 64645

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 24 1883 BALTIMORE, MD.

Date of Death, Feb. 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 3 Years, 6 Months, Days.

Color, ~~White~~ Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} * 123 N. Stricker St.

Cause of Death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,)

Duration of Last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25 1883

Undertaker, E. J. Lucy

Place of Business, 73 Fullerton St

Geo. A. Hartman M. D., Medical Attendant.

Address, * 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 64646. Office of Registrar of Vital Statistics, 25

HEALTH DEPARTMENT
FEB 25 1883
BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie uhl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 1 *Days* 1

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 328 S Bond St

Cause of Death,
First (Primary), Cholera Inf
Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, York

Date of Burial, Feby 24/83

Undertaker John Bohn

Place of Business, 224 Ritter

R. W. Mansfield M.D.
Medical Attendant.

Address, 120 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64641 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 24 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Bridges

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 4 3 *Years,* — *Months,* 2 *Days* 7

Color, White

~~Married, Single, Widow or Widower~~ { Cross out the word not required. } Married

Occupation, Servant and Adopted

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and Number. } 146 N Chapel st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 25th 1883

J. E. Whitelford M. D.
Medical Attendant.

Undertaker, Oh Rooney

Place of Business, 196 E Baltimore st *Address,* 195 N Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6466 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 25 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Blenden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 38 Chimes St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Feb. 25th 1883

Undertaker, D. W. Clark

Place of Business, 198 S. Howard

A. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6464 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 24 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Parker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months,* *Days*

Color Colored

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 367 West St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Carcinoma Uteri

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 26th 1883

Undertaker, S. P. Chase

Place of Business, 198 S. Howard St.

A. M. Hale M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over.

Board of Health, City of Baltimore,

Permit No. 64651 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 24 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Russell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 8 *Months,* — *D.*

Color, White

Condition, Single, Married, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 9 Canton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb. 25. 1883 E. Williams M. D.

Medical Attendant.

Undertaker, H. Sanglee & Son

Place of Business, 253 Eastern Ave, *Address,* 53 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6467 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 22nd Feb. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sampfer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 Jears *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Two Jears

Place of Death, {Give street and Number.} 15 Wilhelm st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cems.

Date of Burial, Feb 26th 1883

Undertaker, C. F. Franke

Place of Business,

Jno. McConnonie M. D.

Medical Attendant.

Address, S. W. Cor. Read & Calvert st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64662 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 25

HEALTH DEPARTMENT, FEB 24 1883 BALTIMORE, MD.

Date of Death, Feb 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Mueller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 196 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever & Diphtheria

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 26th 1883

Undertaker, C. F. Krause

Place of Business,

Richard Ehlo M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Board of Health, City of Baltimore,

Permit No. 64653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of [illegible] accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, FEB 24 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} County of Wexford Ireland

Duration of Residence in the City of Baltimore, 27 Yrs

Place of Death, {Give street and number.} 374 Aisquith

Cause of Death, First, (Primary.) Heart Failure

Second, (Immediate.)

Duration of Last Sickness, 10 D.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 26th 1883

Undertaker, C. F. Krause

Place of Business,

Thos. F. Bowen M.D.,

Medical Attendant.

Address, 120 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64654 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper C[illegible]

HEALTH DEPARTMENT, FEB 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 24th February 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Margreat Crien.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty nine - *Years,* *Months,* *Days.*

11 Mos

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Head of a House -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland -

Duration of Residence in the City of Baltimore, About 46 years

Place of Death, {Give street and Number.} No 257. Eutaw Street. Baltimore

Cause of Death, First, (Primary,) Senevis. Multiple Cerebral & Spinal

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, Many years an invalid. Six weeks ill.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Feby 26th 83

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St.

Wm C Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 26 1883
BALTIMORE

Date of Death, 2m° 25" 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Matthews

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 Years, Months, Days

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 72 Years

Place of Death, {Give street and number} 121 N Exeter

Cause of Death { First, (Primary,) Second, (Immediate,) } Pneumonia

Duration of last Sickness, 2 Months about

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 28th 1883

{ Undertaker, Thos F Hughes
{ Place of Business, 611 E Balto

W Riley M.D.
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

The Special Attention of Physicians is respectfully invited to the Schedule below, [illegible] of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64656 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in [illegible] is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 24 July - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Logan W Manser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Valley of Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 965 - Saratoga

Cause of Death, First, (Primary,) Softening of Brain

Second, (Immediate,) Paralysis & Coma 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Monday Feb 26th

Undertaker, J. H. Dorsey

Place of Business, 22 W. Fayette St

Jeff V Farrell M. D.
Medical Attendant.

Address, 148 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64657 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Weiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... Years, 2 Months, ... Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 29 N. Chapel St.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alt. Hebrew Cemetery

Date of Burial, Feb 26 84

Undertaker, Andrew Koehler

Place of Business, 344 E. Balto. St.

J. Hollenberg, M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64668 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

FEB 26 1883

BALTIMORE, MD.

Date of Death, Feby 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia A. Campbell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland 22 yrs in America

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 117 Townsend St

Cause of Death, First, (Primary,) Carcinoma Cancer Breast

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 26 1883

Undertaker, [illegible]

Place of Business, [illegible]

Oscar J. Baker M. D., Medical Attendant.

Address, 1884 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6465 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Thomas

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 10 Years.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 9 Monument st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, About one Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 26th 1883

Undertaker, P. H. Selvaldo

Place of Business, No 35 S. Eutaw st

W. K. McKee M.D.
Medical Attendant.

Address, 582 W. Fayette

Received

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 64660 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 26 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 - 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Finnegan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age ..... *Years,* ..... 8 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X Single

Occupation, + + +

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 324 ~~E. Alt~~ Canton Avenue

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Eclampsia

Duration of Last Sickness, One Hour

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 26th 1883

Undertaker, L. Ritz

Place of Business, 129 N. S. Broadway

James E. Donnelly M.D.
Medical Attendant.

Address, 298 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

9

Board of Health, City of Baltimore,

Permit No. 64661

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

1883

Date of Death, Feb. 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dickerman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years.* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 44 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 63 Harrison

Cause of Death, First, (Primary.) Endocarditis

Second, (Immediate.) Suppression

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Feb 27 at 2 P.M.

Date of Burial, Greenmount C.

Fenton M.D.
Medical Attendant.

Undertaker, J. Muller

Place of Business, 21 Harrison *Address,* 245 E. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, 8

Permit No. 4762 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 25 Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bressluer

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 62 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor John and Valley Sts

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Hemiplegia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial. Holy Cross Cemetery

Date of Burial. 26 Feb 1883

Undertaker, Henry McShea

Place of Business, ...

Dr. Burke Boyle M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

Permit No. 64

The Physician who
out, to the Undertaker o
if requested so to do, un

C

Date of Death,

Full Name of D

~~*Sex, Male or* Fem~~

Age,

Color,

~~*Married, Single,*~~

Occupation,

Birthplace, {State or long in if of for

Duration of Resid

Place of Death, {C n

Cause of Death,

Duration of Las
All the above informa

Place of Burial,

Date of Burial,

{*Undertaker,*
{*Place of Busin*

Extract from Regulation

Section 2.—*And*
of the Physician who a
within forty-eight hours
as the same can be asce
cause and date of death

Board of Health, City of Baltimore,

Permit No. 64663 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *if* requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 26 1883, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 23. 2. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Carol

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 3

Color, black

Married, Single, Widow or Widower, {required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto Md ✓

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 4 Melrose Ave

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Feb 26 /83

Undertaker, Forrest

Place of Business,

Louis L. Klon M.D. Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

☞ No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Bolton

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days,* 1

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 946 Eastern Ave.

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Feby 26. 83

Jno. H. Buxton M. D.,
Medical Attendant.

Undertaker, Chandler Bro.

Place of Business, 252 Eastern Ave. *Address,* Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

/3 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 64665

The Physician who attended any person in a last illness is responsible for the presentation of a certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1883
BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Inmate not named, give names of parents.} John W. Greene

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty-four Years, Four Months, Days

Color, Woman

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} No. 40 Rabbing st.

Cause of Death, First, (Primary.) Syphilis

Second, (Immediate.) Consumption

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26-1883

J. B. Gardner M. D.
Medical Attendant

{Undertaker, W. H. Madden
Place of Business, 46 East St.} Address, 110 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64666 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *before* if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT FEB 26 1893 BALTIMORE, MD.

Date of Death, Feby 24th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses Compeness

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Foreman

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Forty six Years

Place of Death, { Give street and Number. } 478 S. Arlington Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Feb. 26' 1893

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

John Neff M. D.
Medical Attendant.

Address, 206 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6466 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *see truthfully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 26 1883
BALTIMORE, MD.

Date of Death, Feb 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Mortimer Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ Years, 6 Months, 11 Days

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 60 S. Caney st

Cause of Death, First, (Primary,) Cahillary Bronchitis

Second, (Immediate,) asthenina

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greatern Cem

Date of Burial, Feb 26th 83

Undertaker, J B Cook

Place of Business, 707 W Balto St

Chas E Gilbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6466 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 26 1883
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hopkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

32 Years, ~~7~~ Months, 15 Days

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 186 Canton ave

Cause of Death, First (Primary), Locomotor ataxia

Second (Immediate), Exhaustion

Duration of Last Sickness, about 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 26 Febry

Undertaker W. Dippel

Place of Business, 167 Bond

Geo. B. Reynolds M.D.
Medical Attendant.

Address, 171 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 4669 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1883 BALTIMORE, MD.

Date of Death, Febuary 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lynch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Years 2 Months 7 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 141 Franklin st.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Paralysis

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 26 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front st Address, 188 Saratoga

R. W. Mifflin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 64670 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the preseption of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1883

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} No. 11 W. Washington

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 2 Days

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, Feb 27th 83

Undertaker G. Frame

Place of Business, Rains & Wolfe *Address,* 343 Byd...

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64671 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTM
FEB 26 1883
BALTIMORE,

Date of Death, 25th. February 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Geyer.

{Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and Number.} S. Castle street No 22.

Cause of Death, First, (Primary,) } Variolacs

Second, (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb 25th 83

Undertaker, G. Frame

Place of Business, Frame & Wolfe *Address,* S. Wolfe St 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64672 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24

Name, {If unnamed, give names of parents.} Lenora C Hudson

White, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, Colored

Married, Single, Widow or Widower {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wilkesville

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} Green

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Unknown

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Wash. St Cem.
Date of Burial, Febry 26 1883
Undertaker, H Boast
Place of Business, 952 Conway

Chas W Miller M. D.
Medical Attendant.
Address, 166 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 25.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Spangenberg

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* ... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 118 N. Calvert st

Cause of Death, First, (Primary.) Laryngitis membranosa

Second, (Immediate.) Asphyxia

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Wallbrook Cemetery

Date of Burial, Feb 28 1883

Undertaker, A. Rosenbergers

Place of Business, 20 Mulberry W

H. Hildebrandt M. D.
Medical Attendant.

Address, 87 Wayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Board of Health, City of Baltimore,

Permit No. 64674 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, February 24th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James R Purnell

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age. ——— *Years,* 8 *Months,* 27 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No. 18 La Rue alley

Cause of Death, First, (Primary,) Membranous Croup.

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 26-26—

Undertaker, McGaw & Rye

Place of Business, 7 & Cathedral Sts

Edw. D. Coulbourn M. D.
Medical Attendant.

Address, 244 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64675 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 23rd February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund D Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 481 West Fayette St

Cause of Death, First, (Primary,) Cleveon Spinal Meningitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 26th 1883

Undertaker, Lindsay Mitchell

Place of Business, 550 W Fayette *Address,* 550 W Fayette St

C. R. Jones M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore.

Permit No. 6476 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie E. Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 75 Fredk Ave.

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 26th 1883

Undertaker, Deeley & Mitchell

Place of Business, 538 W. Fayette St

Jnos. Holliday M. D.
Medical Attendant.

Address, Carrie P.O. Balto. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feby. 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bradshaw

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 41 Years, — Months, —

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 38 Jackson St.

Cause of Death { First, (Primary.) Erythematous Pharyngitis
Second, (Immediate.) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 27

{ Undertaker, Henry W. Ginnis
{ Place of Business, 8 N. Central Ave

J. Bacon M.D.
Medical Attendant

Address, Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 64618 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feby 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 252 Columbia ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Feb 26

Undertaker, E Herdman

Place of Business,

Geo. L. Ormont M.D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore.

Permit No. 64679 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24 19

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Washington Gant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 Years, 1 Month, Days

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 411 3 upstairs ab

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Liberal County

Date of Burial, Feb 27, 83 Alexander Fraley M. D.

Medical Attendant.

Undertaker Alex Kennedy

Place of Business, 116 Orchard St *Address,* Granite

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64675 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kennard

Sex, Male or Female, {Cross out the word not required in this line.}

Age 54 Years ~~Months~~ ~~Days~~

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Anne Arundel Co.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and Number.} 14 Hollins Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Dumbarton Cemetery

Date of Burial, Feb 26 1883

Undertaker, William Young

Place of Business, No 626 W Pratt St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64681 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Rear of 61 N. Calvert St

Cause of Death, First, (Primary,) Exposure & Intemperance

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Ec

Date of Burial, Feb 28

Undertaker, J. Coleman

Place of Business,

F. Connolly M. D.
Medical Attendant.

Address, Lessons

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64682 Office of Registrar of Vital Statistics, 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Nineteen Months, Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 70 Goodman's Alley

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, about one Month

All the above information should be furnished by the Physician.

Place of Burial Shasta St. Cemetery

Date of Burial, Feb'y 26 1883

Undertaker, H. Bass

Place of Business, 95 Conway

Justine Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
97 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6468 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feby 26/83

Full Name of Deceased { Write legibly and spell correctly. If an infant of parents. } Ethel Tokelson

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 9 m — *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Bar Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 231 Central Ave.

Cause of Death, First (Primary), Brain Dis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 26. 1883

Undertaker H. Saunderson

Place of Business, 252 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Residence or Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6468 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, February 25/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aline Williams

Sex, *Male or Female?* {Cross out the word not} Female

Age One *Years,* 3 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #512 Wauchi st

Cause of death, First, (Primary,) Tuberculosis - Lungs & Brain

Second, (Immediate,) Paralysis —

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Dan'l's

Date of Burial, Feby. 28th, 1883

Undertaker, Reynolds & Evans

Place of Business, 195 Edmondson Av

R. W. Mifflin *M. D.*
Medical Attendant.

Address, 18 E. Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64685 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH FEB 26 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, February 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Coutz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 328 S. Bond Street

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 27

Undertaker, J. Henry

Place of Business, ... *Address,* 168 E Broadway

James H. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64686 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Friedman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 11 Low St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Thrush.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ohes Schalom

Date of Burial, Feb 27

Undertaker, W Bollefelder

Place of Business, ... *Address* .....

Geo. N. Brown M.D.
Medical Attendant
Com St Bells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 64687 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Powell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ Years, ~~~ Months, 12½ hrs.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 12½ hrs.

Place of Death, {Give street and Number.} 421 E. Eager St.

Cause of Death, First, (Primary,) Injury received during difficult

Second, (Immediate,) Instrumental birth

Duration of Last Sickness, 12½ hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Feb 27. 1883

Undertaker, John W Jackson

Place of Business, Gay & Eager

Geo. F. Norris M. D.
Medical Attendant.

Address, 305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1893

CERTIFICATE OF DEATH.

Date of Death, February 25, 1893.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Rebecca Shine

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 *Years,* 2 *Months,* ——— *D*

Color, ~~white~~ *Sex,* female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Child

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 39 Internally.

Cause of Death, First (Primary,) Rheumatism acute.

Second (Immediate,) Heart Trouble

Duration of Last Sickness, one week

☞ All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, Tuesday 27th

Undertaker, Edward Givens

Place of Business, 528 Vine St

J. R. Pogue M.D.
Medical Attendant.

Address 220 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64689 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 2 1883

CERTIFICATE OF DEATH.

Date of Death, 26 Feby 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter J Johns

Sex, ~~Male or Female~~ {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 21 *Days*

Color, blk

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 42 Rose st

Cause of Death, First, (Primary,) convulsions

Second, (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Ct Lawn

Date of Burial, Feb 28 1883

Undertaker, Edward Gaines

Place of Business, No 2 Pine

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64690 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according to law, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 2 1883

CERTIFICATE OF DEATH.

Date of Death, February 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wrobel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} .....

Age, 30 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.} .....

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 187 E. Fayette st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 27/1883

Undertaker, Jas P Byrne

Place of Business, 6 S Thirty Sts

E. O'Donovan M. D.
Medical Attendant.

Address, 115 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Jane Whiting

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64. Years, Months,

Color, White Sex,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 75. St Paul St Baltm

Cause of Death, First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem F. F. Miles M. D.

Date of Burial, Feby 28th 1883 Medical Attendant

Undertaker, L. Lebus Schaefer Address 28. Cathedral

Place of Business, 109 N. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64692 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. & Johns H. Downler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 Day *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 189 Hulberry St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 27

Undertaker, W. Vickers

Place of Business, ... *Address,* Corner of Gilmor & Lafayette

Geo. N. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2d *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 64693 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, February 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Eliza Tisdeo

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dale City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 402 E. Eager Street

Cause of Death, First, (Primary) Typhus Malarial Fever

Second, (Immediate) Intestinal Hemorrhage

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb. 28th 1883

Undertaker, George Shilling

Place of Business, 402 E. Eager Street

C. W. Olsen M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6469 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB. 27 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country. If not born long in the United States, also state how long in the United States. If of foreign birth.} Eastern Shore ✓

Duration of Residence in the City of Baltimore, All known.

Place of Death, {Give street and Number.} No. 67 Oxford St.

Cause of Death, First (Primary), Delirium

Second (Immediate), Paralysis

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 27 1883

Undertaker, S. McChase

Place of Business, 7 E. Thwing

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore.

Permit No. 64695 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness; is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Pennington

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, ~~Servant~~

Birthplace, {State or country, and how long in the United States, if of foreign birth} Snow Hill Md.

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, {Give street and Number.} 39½ S. Caroline St.

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Snow Hill Cemetery

Date of Burial, Feb 27th 1883

Undertaker, [illegible]

Place of Business, [illegible]

R W Mansfield M. D.
Medical Attendant.

Address, 119 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6496 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, February 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rayne Clifton Keys

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore Md V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 48 Washington Ave

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of Last Sickness, Two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 28th 1883

Undertaker, John Pope

Place of Business, 166 E Balto st

D M Cathell M. D., Medical Attendant.

Address, 2 W Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6469 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 27 1883

Date of Death, Feby 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hazlet Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 70 Hayward Ave

Cause of Death,
First (Primary),
Second (Immediate), Heart Disease

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Fieldsmade

Date of Burial, March 1st. 1883

Undertaker R. J. Hennessy

Place of Business 14 Orchard st *Address,*

Alexander Insley M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6468 *Office of Registrar of Vital Statistics,* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 2 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 21 W Pratt St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shops Cemetery

Date of Burial, Feb 27 1883

Undertaker, William Duncan

Place of Business, No 62 East St *Address,* 319 Wolfe St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 64699 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th February 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L Wyatt Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 4 E West St Baltimore

Cause of Death, First, (Primary,) Peritonitis, with Dipth. of bowels

Second, (Immediate,) Exhaustion,

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Rock Cr Maryland

Date of Burial, Feby 27th 1883

Undertaker, D Murphy Mitchell & Bro

Place of Business, 550 W Fayette St *Address,* Dr Gaston

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Permit No. 64700

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 27 1883

CERTIFICATE OF DEATH

Date of Death, Feby 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth,} 86 Dover St

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 86 Dover St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.)

Duration of Last Sickness, A day or two

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Lemet

Date of Burial, February 24 1883

Undertaker, L Doss

Place of Business, 95 Conway

Th. F. Owens M.D.

Medical Attendant.

Address, 1157 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64701 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 27 1883

Date of Death, Feb 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Chanter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age. / *Years,* 6 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Hardens ch.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Feb 27

Undertaker, C. Ketchum

Place of Business,

Geo. R. Dixon M. D.

Medical Attendant.

Address Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 64702 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 27 1883

Date of Death, 6 21 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Crosby

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, 1 *Years,* 10 *Months,* [illegible]

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 3 Slaughter House Ln

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Snake Bite

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, 6 28 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Geo. N. Dennis M. D.
Medical Attendant

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

KODAK SAFETY FIL

Board of Health, City of Baltimore,

Permit No. 64703 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1883

CERTIFICATE OF DEATH.

Date of Death, February 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Collins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, [illegible] 2 [illegible] D

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 176½ Eastern Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Premature

Duration of Last Sickness, Ten Hours

All the above information should be furnished by the Physician.

Place of Burial, New Cemetery Lonely

Date of Burial, February 28 1883

Undertaker, Charles A White

Place of Business, 25 Granby St

Stanley L. Sartwell M.D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

This space is intended to be completely devoted to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 64704. *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Keil

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* *Days.*

Color, ~~White~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 387 Hamilton St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 28 1883

Undertaker A Rosenberger

Place of Business, 70 Mulberry St *Address,* 188 Hamilton

H Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 64706 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 12 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celestia O Doyle

Age, 60 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and Number.} 218 N Eutaw St

Cause of Death, First, (Primary,) Cancer Uteri

Second, (Immediate,) " "

Duration of Last Sickness, I presume a year or two

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 1st 1883

Undertaker, Hen Jenkins & Son

Place of Business, Park & Saratoga Sts

Elias C Price M. D.
Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64786 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, Feb. 27 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant of parents} Jessie E. Frazier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 81 N. Caroline St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, [redacted]

Undertaker, J. J. Rosine

Place of Business, 125 Orleans St.

J. Hunt M. D.
Medical Attendant.

Address, 131 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 6478 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 378 Eutaw St

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1883

Undertaker Geo W Perkins

Place of Business, 130 Henrietta *Address,* 210 Shelby St

W S Bruce M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr 26th 1883

Full Name of Deceased. { Write legibly and spell correctly. If an infant } Victoria Clare Smith

Color, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Age, — *Years,* 9 *Months,* — *Days.*

Color Color *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 93 Rabora St

Cause of Death, { First (Primary,) Meningitis, Second (Immediate.) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Shark at Cemetery

Date of Burial, Feb 27th 83

J. Gilmore M. D.
Medical Attendant.

Undertaker, Geo H Perkins

Place of Business, 130 Henrietta *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64709

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

1883

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I Lancaster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow(er), {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 48 E Biddle St

Cause of Death, First, (Primary.) Pneumonitis,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 26th

Undertaker, W. Leippel

Place of Business, 131 S. Bond

J. T. Chambers M.D.,

Medical Attendant.

Address, 223 N Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6471 0 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Thomas H. Bobo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Eight Years, Months,

Color, White

Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tavern Keeper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 225 Eastern Aven

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Montress G

Date of Burial, Feb 26 83

Undertaker, W. L. Offutt

Place of Business 15 S Gay St

Wm. H. Clendenen

Medical Attenda

Address, No 102 N Bu

Extract from Regulations of the Board of Health to secure a full and correct reco Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it s of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his n within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certific as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pers the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64711 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1883 CALVERT

CERTIFICATE OF DEATH.

Date of Death, July 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Wink

Sex, Male or Female, {Cross out the word not required in this line.}

67 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 357 E Monument

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 1st

Undertaker, H. C. Nicholfeld

Place of Business, 90 Greenmount Ave

J H Latimer M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 64712 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Cox

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} X

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and Number.} 4 Wagon alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 28 1883

Undertaker, S W Chase

Place of Business, 92 Hanover St

Silas H Hunter M. D.,
Medical Attendant.

Address, 30 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to that of Directions for Keeping the Corpse

Board of Health, City of Baltimore.

Permit No. 64713 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 Feby 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irvin Cooke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 8 *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 5 E. Church St.

Cause of Death, First (Primary), Diphtheria Malignant

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, feb 28 1883

Undertaker Boss

Place of Business, 95 Conway

L. D. Digges M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Peterson

Sex, Male or Female, {cross out the word not required in this line.} F

Five Years Three Months —

Color, Coloured

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, See her life.

Place of Death, {Give street and number} 61 Wood St.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 28 1883

E. J. Welch

Medical Attendant

Undertaker, Henry Hoch

Place of Business, 324 N. Eutaw St. *Address,* 120 Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6471[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 183[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott R. Hancock

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, [illegible] years, [illegible] months, [illegible] days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 41 S. Washington St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) [illegible]

Duration of last Sickness, 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 28-183[illegible]

Undertaker, [illegible]

Place of Business, 81 N Broadway

J. L. McPherson
Medical Attendant.

Address, 369 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to this subject, and to the [illegible]

Board of Health, City of Baltimore,

Permit No. 64116 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, Feb 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years* 2 *Months,* 2 *Days*

Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 133

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Pikesville

Date of Burial, February 28th 1883

Undertaker Penny & Mitchell

Place of Business, 65 S Broadway *Address,* 65 S Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children: [OVER.]

6 Boa

Permit No. 64

The Physician who
out, to the Undertaker or
sooner, if requested so
No

Date of Death,

Full Name of Dece

Sex, Male or Female,

Age,

Color, Wh

Married, Single, Wi

Occupation,

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Cause of Death, { Fi
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All the above informa

Place of Burial, P

Date of Burial,

Undertaker,
Place of Business,

Extract fro

SECTION 2. And be
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Board of Health, City of Baltimore,

Permit No. 6717 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT
FEB
1202
1883

Date of Death, Feb 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Lucretia Tallman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, { Give street and number. } 262 Lafayette Ave

Cause of death, { First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Hours

All the above information should be furnished by the Physician.

Place of Burial, Chestnut Hill Cem

Date of Burial, March 1st 1883

Undertaker, Wm Eclace

Place of Business, 101 Gough St

W. T. Tam M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

13

Board of Health, City of Baltimore,

Permit No. 64716 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 29 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mayer

Female

Sex, Male or Female, {Erase out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Erase out the words not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 75 Holliday

Cause of Death, {First, (Primary,) Marasmus

Second, (Immediate,) Dementia Senilis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, March 1st 1883 A P Harrod M. D.

Undertaker, Geo. Elsey Medical Attendant.

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 62779 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 23 2 1883 BALTIMORE

Date of Death, 28th Dec. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Granger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and Number.} Aged Women Home

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, 1st March 1883

Undertaker, H. W. Perkins & Sons

Place of Business, Park Avenue & Pt. *Address,* Wanda Place

C. H. Hopkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

Permit No. 64720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 28 1893

CERTIFICATE OF DEATH

Date of Death, Tuesday Feb 27/93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Lemuel Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 2 *Days*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} Chester St. N. of Monument

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bacon

Date of Burial, Feb 28

C. L. Parker M.D.,

Medical Attendant.

Undertaker, Master Bacon

Place of Business,

Address, 208 E. Bway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64721 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 28 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Honeyman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years Months 4 Days

Color, Colored

Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} East St Paul 59 — —

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feby 28th 1883

Undertaker, Wilson & Dugan

Place of Business, 62 East St. *Address,* E. B. Tenby M.D.

Medical Attendant.

Corner Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 64722 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kelly

Sex, Male or Female {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 11 Turlock Ct

Cause of death, First, (Primary,) Burns

Second, (Immediate,) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 1 1883

Undertaker, L Haus

Place of Business, 317 Mulberry St

A. E. Klein, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64793 *Office of Registrar of Vital Statistics,* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1282 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Geo P Bramble

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Granite Worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 143 Columbia Ave

Cause of death, First, (Primary,) Valvular disease of Heart

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 2nd 1883

Undertaker, D Casey & Mitchell

Place of Business, 534 N Fayette St *Address,* 76 Alden

J H Kenny M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64724 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Summerville

Sex, Male or Female, {Cross out the word not required in this line.}

Age 82 *Years,* ——— *Months,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 144 N. Central Ave

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loard's Cemetery

Date of Burial, Feb 28 1883

E. B. Tenby M. D.,
Medical Attendant.

Undertaker, D. C. Fuchs

Place of Business, 93 Jefferson Address, Cor. Edmondson & Biddle Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64725 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEP
FEB
28?
1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle, Ann, Della

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 240, N. Durham St

Cause of Death, First, (Primary,) Acute, Bronchitis

Second, (Immediate,) ____

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Pearl Cem

Date of Burial, March 1st 1883

Undertaker, J. E. Cole

Place of Business, 73 Jefferson

Wm. L. Cornell M.D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 64726 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *see and fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 28 1883

Date of Death, Feb 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Heckel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 Years, 5 Months,

Color, White

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give street and Number.} 13 Elizabeth Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 1st March 1883

Undertaker, Wm. J. Dill

Place of Business, 183 Columbia Address, 1146 Hanover St

Thos. Cottee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Permit No. 6472

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Feb 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida B. Borgan

~~*Boy, Male or*~~ *Female,* {Cross out the word not required in this line.}

Years, 10 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} # 6 Wyeth St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asphyxia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 1st 1883

Undertaker, W. J. Tuckner

Place of Business, 65 S. Eutaw

R. C. Smith M D

Medical Attendant.

Address, #106, Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64728 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 2 1883

CERTIFICATE OF DEATH.

Date of Death, February 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Richard Gunley

{Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 4 Monroe Ave.

Duration of Residence in the City of Baltimore, — Balto.

Place of Death, {Give street and Number.} No 4 Monroe Ave

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Feb 28 1883

Undertaker, M J Godeau

Place of Business, 63 Park Ave

E O Haun M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

2 4

Board of Health, City of Baltimore,

Permit No. 64729 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1 1883

Date of Death, Dec March 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brien

~~Male~~ ~~Female~~ {Cross out the word not required.}

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housemaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 34 Neighbor st.

Cause of death, First, (Primary,) Pulmonary Hemmorrhage & Phthisis

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holla Cross

Date of Burial, March 1st 1883

Undertaker, Cook and Evans

Place of Business, Valley & Eager Sts

Edward P. McDevitt

Medical Attendant.

Address, 54 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore.

Permit No. 64738 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1903

CERTIFICATE OF DEATH.

Date of Death, February the 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give} Wm Griffith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Junk Dealer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 54 S Chester St

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 months

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March the 1st

Undertaker Henry E. Mitchel

Place of Business, 65 S. Broadway *Address,* Bd of Health

Geo. H. Dixon M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 64731 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death Dec 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 250 Hyland St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt O

Date of Burial, Dec 28

Undertaker, E Kerdun

Place of Business,

Wm F Dimond M. D.
Medical Attendant

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board [illegible]eath, City of Baltimore,

Permit No. 64732 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to be, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 1882 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26.

Full Name of Deceased, {Write legibly and spell correctly. If an infant of parents.} Jane Ann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N. E. Cor. Mc Elderry & Aisquith

Cause of Death, First, (Primary,)

Second, (Immediate,) Quall Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pub. Cem.

Date of Burial, Feb 27-1882

Undertaker, M. Coleman

Place of Business,

Geo. H. Denson M.D.

Medical Attendant.

Address, 1 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

John E. McElderry

Board of Health, City of Baltimore,

Permit No. 64783 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 23 2 1883

CERTIFICATE OF DEATH.

Date of Death, February 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 Years, Months, Days,

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washer woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Virginia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 14 Bath St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, EP

Date of Burial, Feb 23

Undertaker, M Coleman

Place of Business,

H. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64734 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, P.M. February 7th 1893.

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} John Dreyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} 5 Castle St. 22!

Cause of Death, First, (Primary,) Varioloïs

Second, (Immediate,) Angina maligna

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Feb 28th 93

Undertaker, G. Frame

Place of Business, Davis & Wolf

William Henkel M. D.
Medical Attendant.

Address, S. Wolfert's Hill.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64736 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 1883

Date of Death, February 28th 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Joseph Hilgert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Germany

Duration of Residence in the City of Baltimore, About 25 or 30 years

Place of Death, {Give street and Number.} 50 S. Durham St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 2nd 83

Undertaker, S. Frantz

Place of Business, Bank & Wolfe *Address,* 99 E. Baltimore St.

James E Donnelly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64736 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 28 1883

Date of Death, Feb 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Laffeus

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Asylum of the Little Sisters of the Poor Corner Jas and valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, three months

At the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, 1st March 1883

Undertaker, Henry J Chatters

Place of Business,

Dr. Brooke Boyle M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ealth, City of Baltimore,

Permit No. 6737 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 2 1883

Date of Death, February 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, a short time

Place of Death, {Give street and Number.} 41 N. Duncan alley

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Gradual exhaustion

Duration of Last Sickness, from July 16 days — Reported Dec. 25/83

All the above information should be furnished by the Physician.

Place of Burial, Old Presbyterian

Date of Burial, March 1st

Undertaker, W. Coleman

Place of Business, 128 Chew St.

B. F. Grove M. D.

Medical Attendant.

Address, 128 Chew St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...AK SAFETY FILM...

Board of Health, City of Baltimore,

Permit No. 64788 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 1 1883

CERTIFICATE OF DEATH.

Date of Death, 27 Feby 1883.

Full Name of Deceased, { correctly. If an Infant not named, give names of parents. } Catherine Daniel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days*

Color, Col'd

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Md

~~Duration of Residence in the City of Baltimore,~~

Place of Death, { Give street and Number. } 66 Wilmer alley

Cause of Death, First, (Primary,) consumption

Second, (Immediate,)

Duration of Last Sickness, 7 mos

Al. the above information should be furnished by the Physician.

Place of Burial, Thanksgiving

Date of Burial, May 1 1883

G Lane Tanyhill M. D.

Medical Attendant.

{ *Undertaker,* Coffey & Co

Place of Business, [redacted] *Address,* 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 6[illegible]

The Physician who

out, to the Undertaker

If requested so to do. u

Date of Death,

Full Name of De

Sex, Male or Fem

Age,

Color,

Married, Single,

Occupation,

Birthplace, { State on long in th if of fore

Duration of Resi

Place of Death, {

Cause of Death,

Duration of Last

Al. the above inform

Place of Burial,

Date of Burial.

{ Undertaker,

Place of Busi

Extract fro

Section 2. And

of the Physician who a

within forty-eight hou

as far as the same can

the cause and date of d

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64739 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

*No Permit for Burial can be Obtained without a Proper Certificate.

MAR 1 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 28 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Mathews

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~Servant~~ Unknown

Birthplace, { State or country, and how long in the United States, if of foreign birth. } America

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } City Hospital.

Cause of Death, { First, (Primary,) Typhoid & Pneumonia / Second, (Immediate,) Asphyxia & asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1

Undertaker, Henry McGinnis

Place of Business, 8 N Central Ave

Geo. Wm. Miles M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64740 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1883

{ Write legibly and spell } Phil Rogan
{ of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 238 S. Paca St

Cause of Death, First, (Primary,) Scarlet Fever
Second, (Immediate,) Dropsy & Chest
Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery
Date of Burial, March 1st 1883
Undertaker, John L Marcher
Place of Business, 150 Camden

H. L. Flinn M. D.
Medical Attendant.
Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64741 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Eli. Hagerman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 21 *Months,* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 93 Pearl St

Cause of Death, First, (Primary,) Acute Laryngitis

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Landing

Date of Burial, March 2d 1883

Undertaker, John H. Mackin

Place of Business, No 150 Camden

Alfred Owen M. D.
Medical Attendant.

Address, 343 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 7

Permit No. 64742 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Two *Months,* Twenty Seven *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 435 E. Eager Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 1st 1883

Wm. H. Cudmien, M. D., Medical Attendant.

Undertaker, Denny and Mitchell

Place of Business, 606 Broadway *Address,* Res. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3 Pm

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64743 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Oct. 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence N. Powell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 421 E. Eager St.

Cause of Death, First, (Primary,) Puerperal peritonitis

Second, (Immediate,) .....

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 3rd 83

Undertaker, Denny 2nd. Mitchell

Place of Business, 65 S Broadway

Geo. L. Hartman M. D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64744 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Edward Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 391 Canton Ave

Cause of Death, First, (Primary,) Diph. Theria

Second, (Immediate,) Septicemia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, March 1st

Undertaker, C. Thanes

Place of Business, Banks & Mc *Address,* 22 Hackney Place

Thomas B. Evans M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Physicians is respectfully invited to the request below, and to the Rules and Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64744 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *previous* if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, February 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis X. Mottleder

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 69 *Years,* One *Months,* June *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, { Give street and Number. } 54 S. Central Ave

Cause of Death, { First, (Primary,) Pneumonia & Paralysis / Second, (Immediate.) Oedema (General)

Duration of Last Sickness, 2 Years in all.

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Gen

Date of Burial, March 2d 83

Undertaker, G Frame

Place of Business, Bans & Wolfe *Address,* 105 N. Central Ave

Francis A. Baer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Physicians is respectfully invited to the Remarks below, and to Rules or Directions on Back of ... Certificate.

Board of Health, City of Baltimore,

Permit No. 64746 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Francis McCarty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 675 Hanover st

Cause of Death, First, (Primary,) Variola Pos

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial. March 1

Undertaker, B. Shaub

Place of Business, 42 West St

Wm A Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

...ial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6474 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Clara V. Nolen

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 9 yrs 3 mos

Place of Death, {Give street and Number.} 2 Gonkel Lane

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 1

Undertaker, P. Hart

Place of Business, 82 West St

E. D. Smith *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 64748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Dennis

Sex, {Cross out the word not required in this line.} Male

Age, ____ Years, 11 Months, ____ Days

Color, ____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Baltimore County Cor McElderry &

Cause of Death { First, (Primary.) Destitution
Second, (Immediate.) Convulsions

Duration of last Sickness, { Physician began Had been always a feeble child only weighing 6 lbs
At the age of 5 months

All the above information should be furnished by the Physician.

Place of Burial, Ex Alsatian

Date of Burial, March 1st

Undertaker, Guy & Fuss

Place of Business, 511 Broadway

Thos J. Simms M. D.
Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6474 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1883

Date of Death, March 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henricus Herold Brehma

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, 9 Months.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number,} 1117 Thames St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, March 2 th 1883

{Undertaker Caspar Eckhardt

Place of Business, 26 Canton Ave} John H Kehrer M. D. Medical Attendant.

Address, 1163 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64750 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, February March 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Engelhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 4 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 52 South Haigh St

Cause of Death, First, (Primary,) Organic Disease of the H

Second, (Immediate,) Fatal Syncope or Embolism (death instantaneous)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, March 3rd 1883

Undertaker, Thos S Hughes

Place of Business, 119 E Balto

M.D.

Medical Attendant.

Address, 5

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 6471 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 1 2 1883

CERTIFICATE OF DEATH.

Date of Death, February 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Nevatt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 81 Battery Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, about 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar 2 - 1883

Undertaker, B. Hoare

Place of Business, 82 West St.

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64762 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James K McCann

In { Cross out the word not required in this line. }

Age, 2 *Years,* *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, a. Lives

Place of Death, { Give street and Number. } 5 N Castle St. cor Fayette & Hamilton

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Adynamia

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus (Cemetery)

Date of Burial, March 1 1883

Undertaker, John Hannig

Place of Business, 582 Orleans St

B. F. Shore M. D.,
Medical Attendant.

Address, 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6475 3 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A. H.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 4 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 85 Wayne

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, Shark st Cem

Date of Burial, March 2/93

Undertaker, H. Rose

Place of Business,

Dr. H. Benson

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64754 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentition of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1/83

Full Name of Deceased { Write legibly and spell correctly. Use Initials of parents. } Wm Friel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *17 Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 19 Pleasant Alley

Cause of Death, { First (Primary), Infantile convulsions

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, March 2. 1883 R. W. Mansfield M. D.

Medical Attendant.

Undertaker G. C. Saunders & Son

Place of Business, 252 Saratoga *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page [illegible]

Board of Health, City of Baltimore,

Permit No. 64756 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia L Scully

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 338 N Gay St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial Mt Calvary

Date of Burial, March 1, 1883

Undertaker, H C Saunders & Son

Place of Business, 252 Central Ave

M. D. Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64756 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death 9th Jan 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Komorer.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 1 *Months,* 19 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and Number.} 161 York St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy, few moments

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wentz's Cemetery

Date of Burial, March 3d 1888

Undertaker, Ernst Schlosser

Place of Business, 200 Sharp

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64757 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 12 1883

Date of Death, Feb 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Seven *Months,* seven *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Mar 1

Undertaker, C. W. Bryand

Place of Business, 17 Penna Ave

T. A. Abell M. D.
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Physicians is respectfully invited to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64758 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, Thursday March 1st. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Flaherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6-6 E. Chase St.

Cause of Death, First, (Primary,) Abortion

Second, (Immediate,) Peritonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 3rd 1883

Undertaker, John W Jackson

Place of Business, Gay St. [illegible]

Wilmer Bamford M. D.
Medical Attendant.

Address, 20½ Grummont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6439 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reynolds Barr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 8 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 808 N. Eutaw St.

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 2nd 1885

Undertaker, Denny & Mitchell

Place of Business, 350 W. [illegible] *Address,* 582 N. Eutaw

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6476 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 10th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia P Hale

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 Years & Self

Place of Death, {Give street and Number.} 303 Saratoga St

Cause of Death, First (Primary), Puerperal fever

Second (Immediate), Septicaemia

Duration of Last Sickness, 8 days

the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, March 2d 1883

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* cor Lanvale & Mynthan

Louis H. Coun M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64761 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 2 1893

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly} Mrs. [illegible]
{of parents.}

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* 10 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 145 S. Fremont St.

Cause of death, First, (Primary,) Hemiplegia left Side

Second, (Immediate,)

Duration of Last Sickness, 4 (6) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 3rd

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St

Chas. Goldsmith, M. D.
Medical Attendant.

Address, 2 E. Chesapeake Ave. & Pierce St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64762 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 16 March 1st

Full Name of Deceased, {Write legibly and spell} {not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 1 *Years,* 2 *Months,* [illegible] *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State on country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 17 Green st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Mch 2 1883

Undertaker, Armstrong Bros

Place of Business, 263 Light

Dr H. P. Ellis M. D.
Medical Attendant.

Address, 512 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64763 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 2 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edie L. Jackson

~~Male~~, ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 8 *Days*

Color, W

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 4 1/2 6 - 8

Place of Death, {Give street and Number.} 8 Bartlett ab

Cause of Death, First, (Primary,) Small pox

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 2 Feb 93

Undertaker, [illegible]

Place of Business,

Dr Ellis M. D.

Medical Attendant.

Address, 513 Lytton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person employed to attend the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 64764 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 1st 1883

Name of Deceased, {Write legibly and spell correctly. If child not named, give names of parents.} Edward F. Ray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 45 N Broadway

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3rd 83

Undertaker, Denny and Mitchell

Place of Business, 65 S Broadway

R W Gatchell M D
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64765 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Faul

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 283 N Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Mch 2

Undertaker, O'Donnell

Place of Business,

Geo. F. Dunn M. D.
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

7

Board of Health, City of Baltimore,

Permit No. 64766

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, 1 March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Thaus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 2 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 219 N. Bond

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d

Undertaker, George Schilling

Place of Business, Ashland Ave

O'Connor M.D.
Medical Attendant.

Address, 519 Aisquith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as near as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 64767 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Ann Wady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and Number.} 91 Chestnut st

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 2 1883

Undertaker, William H Dreyer

Place of Business, 62 East St

E C Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64768 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1883

CERTIFICATE OF DEATH.

Date of Death, May 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Annie Bowers

Sex, Male or Female, {Cross out the word not required in this line.}

Years, 5 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 Little St

Cause of Death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, WP

Date of Burial, May 2

Undertaker, JE Kercheval

Place of Business,

Geo. H. Denson M. D.,

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ... on Back.

Board of Health, City of Baltimore,

Permit No. 6769 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverda Brookes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 13 Months,

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 234 West.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, W. P.

Date of Burial, March 4

Undertaker, J. Kerchner

Place of Business,

Jas. F. Dwyer M.D.

Medical Attendant.

Address 200 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, 9.

Permit No. 64770 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1893

CERTIFICATE OF DEATH.

Date of Death, March 1893

Full Name of Deceased, {Write legibly and spell surname first. If an infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 17 Conway St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mikel Md

Date of Burial, March 2 1893

Undertaker, Abt Hinely

Place of Business, 116 Orleans St

Z K Wiley Jr M. D.
Medical Attendant.

Address, 15 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 6477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 9

Permit No. 6477

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 1st 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward L. Reising

{Cross out the word not}

Sex, Male

Age, 48 Years, 10 Months,

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinetmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 9 Clay St. From Pneumonia

Cause of Death, First (Primary),

Second (Immediate), Con Heart

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 4

Undertaker, Henry Bergmann

Place of Business, 45 Eley St

Chas L. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6477 C *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 22 1883

Date of Death, March 21st 1883.

Full Name of Deceased, { correctly. If an infant not named, give names of parents. } Bethlehem Gaffney

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~4~~ *Years,* 4 *Months,* 18 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Son

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and Number. } 60 S. Schroeder st

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Convulsions.

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, March 24

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

C. O'Donovan M.D.
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64773 *Office of Registrar of Vital Statistics,* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 2 1883

CERTIFICATE OF DEATH.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Vannett, Jr.

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 3 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and Number. } 169 Linden Ave

Cause of Death, { First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 6 yrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 4 1883

Undertaker, Stewart & Mowen

Place of Business, Park Ave.

Thomas L Shearer M. D., Medical Attendant.

Address, No. 9 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 64774

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 2 1883

CERTIFICATE OF DEATH

Date of Death, March 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Jacob Oster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 486 E Monument st.

Cause of Death, First, (Primary.) Apoplexia

Second, (Immediate.)

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St-Patrick

Date of Burial, March 2d

Undertaker, Fry & Lee

Place of Business, 87 W Broadway *Address,* 57 Aisquith st

C H Coffman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64776 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 1st 1883.

Full Name of Deceased, { (Write legibly and spell correctly.) not named, give names of parents. } Robert Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ____ *Years,* 6 *Months,* ____

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 226 N Dunbar Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 4 2 1883

Undertaker, J. Riekamp

Place of Business, 260 Ext Lombard St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 254 N Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Directions below, and to Rules of Duties on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6476 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 2 1883 BALTI

CERTIFICATE OF DEATH.

Date of Death, March 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W H H J Byrnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One *Years,* Two *Months,* Two *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } 20 Green Mount Ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 37 Hillman st

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 2d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Ave

J. W. McCosker M. D.
Medical Attendant.

Address 1628 Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64777 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Chase

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 11

Color [illegible]

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 34 S. Stricker

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, during Life

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, March 13th

Undertaker, Chas. A. Pfaff

Place of Business, 35 Franklin St

John Hood M. D.
Medical Attendant.

Address, 322 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64778 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Jay

Sex, Male or Female, {required in this line.}

Age, Years, Months, 1 Day

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 317 Alice Anna St.

Cause of Death,
First (Primary), Internal Convulsions
Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 3d 1883 John H Kellum M.D.
Medical Attendant.

Undertaker H. Saunderson

Place of Business, 253 Canton Ave. *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64779 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arnold Lee

Sex, Male or Female, {Cross out the word not required in this line.} M

Age,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 69 Lloyd St

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpnack Cem

Date of Burial, March 2 1883

W. S. Bond M. D.
Medical Attendant.

Undertaker H. Reese

Place of Business, 95 Conway *Address,* 210 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64780 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, not to be given out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Eugene Campbell

~~Boy, Male~~ or *Female,* {Cross out the word not required in this line.} Male

25 *Years.* *Months.* *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 204 west Ot.

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Ghapel

Date of Burial, March 9

Undertaker, J. W. Elliott

Place of Business,

Dr. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 64781 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Brown

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, ——— *Years,* 3 *Months,* ———

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give street and Number.} 48 Druid Ave

Cause of Death, First, (Primary,) Hooping Cough

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 1/2 Months

All the above information should be furnished by the Physician.

Place of Burial, Funeral Services

Date of Burial, March 2 1883

Undertaker, William Dorsey

Place of Business, No 62 East *Address,* 41 N. Eutaw

J. A. Shriver M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 64782 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 1 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } A Adelaide V Cullen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age Years 8 Months 6

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Co.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 60 Fairmount ave Fairmount Avenue

Cause of Death, First, (Primary,) Dept Marasmus

Second, (Immediate,) Dept Marasmus Chron

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Wilkins

Date of Burial, March 3d 1883

Undertaker, M. A. Daigan

Place of Business, 74 S. Edwd. *Address,* 77 E Pratt

L L Miller M D

Medical Attendant.

Address, 60 Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Special Attention ... to the Notice Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64783 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Roberts,

{Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and Number.} 221 S Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 4. 1883

Undertaker, M. A. Daiger

Place of Business, 944 S. Bway

Nicholas L. Dashiell M.D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6478 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1883

CERTIFICATE OF DEATH.

Date of Death, March 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Meagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Day*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 423 Penna ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial. March 3rd 83

Undertaker, Wm Weavers

Place of Business, 102 N Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Special Attention of Physicians is respectfully invited to the Remarks below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barzilian Chase

{Erase out the word not}

Age, 39 Years, Months, D

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Binder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 Pine St

Cause of Death { First, (Primary) Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 4th 83

F E Shafand M.D.
Medical Attendant.

{ Undertaker, Wm Weaver
Place of Business, 202 N Eutaw St Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Phy... ...ook of this Certifi...

Board of Health, City of Baltimore,

Permit No. 64786 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MCh

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Mary E. Pugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty *Years,* Five *Months,* — *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and Number.} No 496 East Eager Street

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Consumption

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 4 March

Wm. H. Litsinger M. D.,
Medical Attendant.

Undertaker, Adam Frank

Place of Business, 401 N. Gay St. *Address,* No 497 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of ... of this Certificate

Board of Health, City of Baltimore,

Permit No. 6478 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mothers name Sarah Hall

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} , Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 239 S. Eutaw St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial. March 3

Undertaker, H Ross

Place of Business 25 Lombard St

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64788 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1883

Full Name of Deceased, {Write plainly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 8 Yrs

Place of Death, {Give street and Number.} # 111 York St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion

Duration of Last Sickness, 10 days 11 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 3

Undertaker, H Ross

Place of Business, 95 Lombard St *Address,*

[illegible] *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of ... of this Cer...

Board of Health, City of Baltimore,

Permit No. 6478 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death 4th March 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no name, give names of parents.} William Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 98 Fork

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 4 1882

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Thomas Corse M. D., Medical Attendant.

Address, 196 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 64798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brukhak

Age, 8 *Years,* 3 *Months,* ____ *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 287 H Fairhaven St

Duration of Residence in the City of Baltimore, 8 yrs 3 mos

Place of Death, {Give street and number} 287 H Fairhaven

Cause of Death, {First, (Primary.) Congestion of the Brain from Stu

{Second, (Immediate.) Pressure from Effusion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co [illegible]

Date of Burial, March 4 1883

E. G. Walker, M. D.
Medical Attendant.

Undertaker, John Mooney

Place of Business, 352 Eutaw St *Address,* 47 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 64779 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. S. Wright

Sex, Male or Female, {Cross out the word not required in this line.}

45 Years

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coach Painter

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 137 E. Lanvale St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Sunday 4th

Undertaker, J. H. McCoy

Place of Business, #22 W. Fayette St. *Address,* 75 E. Baltimore St.

J. W. Hook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 64772 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W Root.

Sex, Male ~~or Female~~, {Cross out the word not required in this line}

Age, 25 *Years,* — *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hatter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 6 Federal St

Cause of Death, First (Primary), Epithelioma of Neck.

Second (Immediate), Marasmus.

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mch 3/83

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 95 Park Ave

A. F. Eich M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 64793 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death March 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett M. Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 Years, Months, Days.

Color, W

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Paralysis

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, March 5/83

Undertaker, Denny & Mitchell

Place of Business, 658 Baltimore

[illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 64794 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sellers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2½ *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 176 West St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial; W P

Date of Burial, Mch 3

Undertaker, J Kerchner

Place of Business,

Geo. W. Simon M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 64796 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Name of Deceased, { Write legibly and spell. If not a name, give names of parents. } [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, ... *Years,* ..... *Months,* 42 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 23 d Burien Institution

Cause of Death, { First (Primary), ... Second (Immediate) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 4th

Undertaker H. C. Wiedefeld

Place of Business, 70 Greenmount Av *Address,* 12, 2 Calvert

Geo B Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Directions given on back of this C...

Board of Health, City of Baltimore,

Permit No. 64796 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 3 1883

CERTIFICATE OF DEATH.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius C. Gallmeyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

55 *Years,* 7 *Months,* 17 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 74 N Lombard

Cause of Death, First, (Primary,) Diseases of Kidneys

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mch 4/83

Undertaker, J. R. Cook

Place of Business, 707 W Balto

James Bailey M. D., Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible] on Back of this.

Board of Health, City of Baltimore,

Permit No. 6479 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 3 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Philip Brouner

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and Number. } 7 Chris[illegible] St

Cause of Death, First (Primary), Small Pox

Second (Immediate),

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Hospital Cemetery

Date of Burial, March 3rd 1883

Undertaker B. W. Chase

Place of Business, 198 S. Howard

Edw Needham M. D.
Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

64798 *Office of Registrar of Vital Statistics.* Ward 15

...hysician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...uested so to do, under penalty of law.

NO PERMIT IS A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 3" 1883

If an Infant { of parents. } (Twins of Wm Allen)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 11 *Days,*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Dying in

Place of Death, {Give street and Number.} 8 Pleasant

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. March 3

Undertaker, H Ross

Place of Business, 75 Conway St

D A Cooke M. D.,
Medical Attendant.

Address, 110 Fort ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 64799 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Price

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *D*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 221 Jefferson St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) I presume it was Rheumatic Endocarditis - I was informed that he only lived 10 minutes after complaining of his heart

Duration of Last Sickness, 4 ½ days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 3d 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Edwd. LePrice, M.
Medical Attendant.

Address, 262 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 64800 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } not named { Thomas Hall Sumner

{ Cross out the word not }

Age, ... *Years,* ..... *Months,* 2

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, ——————

Birthplace, { State or country, and now long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Native

Place of Death, { Give street and Number. } 15-8 Preston St

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 1883

Undertaker, Whitehead

Place of Business, 97 Hillen

W W Antrim M.D.
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64801 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

3/1
1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Edmund L. Foster

{Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 330 E. Madison St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 5 1883

Undertaker, Henry Hoch

Place of Business, 304 N. Central Ave

Nicholas L. Dashiell Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6480 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1883

Full Name of Deceased, (If not named, give names of parents.) Infant Lipsitch

Sex, Male or Female, (Cross out the word not required in this line.) Male

Age, 46 *Years.* — *Months,* — *Days.*

Color, Color

Married, Single, Widow or Widower. (Cross out the word not required in this line.) Married

Occupation, Farmer

Birthplace, (State or country and how long in the United States, if of foreign birth.) Russia

Duration of Residence in the City of Baltimore, 7 months

Place of Death, (Give street and Number.) Hebrew Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem'ty

Date of Burial, March 4th 1883

Undertaker, Wm. Glaw

Place of Business, 101 Gough St Address, Baltimore

Coroner's Certificate M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name; sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 64803 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 7 *Days,*

Color, White.

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 3d 1883

Undertaker, Pat. Hunt

Place of Business, Dinsmore & Hunt

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Hanover cor. Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 64804

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Nelson Wm No

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~—~~ 30 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~ Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wales

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 20 Boyd Av

Cause of Death, First, (Primary.) Premature Births

Second, (Immediate.) Cause - over exertion. Foetal age - 8 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, In P

Date of Burial, Sept 22

Undertaker, Sherdine

Place of Business,

H. H. Goodman M.D.,
Medical Attendant.

Address, 93 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 64705 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate ~~separately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenza Fountain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* 5 *Months,* ~~~ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Birth place.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 5 Cockroach Row.

Cause of Death,
First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Cerebral Sims.

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Ch
Date of Burial, March 5
Undertaker, J Coleman
Place of Business,

John H. Iverson M. D.
Medical Attendant.
Address, 238. E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained: the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ial Attention of Phys... is respectfully ... Blanks on Back of this ...

64806

Board of Health, City of Baltimore,

Permit No. 64806 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pumphrey

Sex, Male or Female, {Cross out the word not required in this line} Male

Age, Thirty-six *Years,* *Months,* *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, his whole

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Acute lobar Pneumonia

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, M C

Date of Burial, Feb 3

Undertaker, McCleaver

Place of Business,

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

64807

Board of Health, City of Baltimore,

Permit No. ~~64807~~ 64807 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Death, ... March 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Augusta Pramsen

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} ...

Age, 16 *Years,* ... *Months,* ... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 31 S. Fulton St

Cause of Death, First, (Primary,) " Phthisis Pulmonalis "

Second, (Immediate,) ...

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, March 4 1883

Undertaker, Armstrong & Dorsey

Place of Business, No 263 Eutaw St

L. Luthcamm M. D.,
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate of the death as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases Back of this Certificate.

64808

Board of Health, City of Baltimore.

Permit No. ~~64808~~ *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death March 11 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz. Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and Number.} 148 S Washington Pl

Cause of Death, First (Primary), Placenta Ovarian

Second (Immediate), Puerperal fever

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, March 14 83

Undertaker Hansbrough Son

Place of Business, 252 Caroline Address, [illegible] Wilson

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

...Attention of Payt... This Permit Must, in all Cases, Accompany ...on Back of this C...

64809

Board of Health, City of Baltimore,

Permit No. 64809 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1883

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} Carrie Sophia Hennenberg

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 37 Pearl St

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 37 Pearl St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 4

Undertaker, J B Cook

Place of Business, 707 W Pratt *Address,*

W. H. Crim M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

64810

Board of Health, City of Baltimore,

Permit No. 6482 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fenton

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 7 Years, Months,

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country and how long in the United States, if of foreign birth.} Bath England

Duration of Residence in the City of Baltimore, 3 & 7 years

Place of Death, {Give street and Number.} 5 Hollins St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Twelve (12) days

All the above information should be furnished by the Physician.

Place of Burial, St. [illegible] Cemetery

Date of Burial, March 5

Undertaker, J B Cook

Place of Business, 707 West Baltimore

H. P. Thomson M.D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

64811 Boar.

☞ This Permit Must, in all Cases, Accompany the body to its Destination.

Permit No. 64811 Office of [illegible] Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Rogan

{Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 2 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 238 S. Paca St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia with Dyspepsia

Duration of Last Sickness, One week.

All the above Information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial. March 4th 1883

Undertaker, Peter Hacket

Place of Business, 2 & 150 Canton Av.

A. J. Quinn M. D.,
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rem[arks] Accompanying on Back of this Certificate

64812

Board of Health, City of Baltimore,

Permit No. 6489 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Himmel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 20 *Days,*

Color White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 50 Camden St

Cause of Death, First (Primary), Diphtheria

Second (Immediate). 7 days

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Oheb Schalom

Date of Burial, March 24

Undertaker Wm Howard Eilau

Place of Business,

Wm Gamble M. D.
Medical Attendant.

Address, 170 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64813 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3d, 1889

Name, {Write legibly and spell correctly. If an infant of parents.} Mistine Markinski

Sex, Male or Female, {Cross out the word not required in this line.}

Years 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1 & 5 Shakespeare St.

Cause of Death, First (Primary), Entero-Colitis

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, March 6 3d

John H. Kehlbergen M. D.
Medical Attendant.

Undertaker Vendine & Lippert

Place of Business 151 S Bond st *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 1883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. 1883

CERTIFICATE OF DEATH.

Date of Death, March 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Colman

~~Son~~ ~~Male~~ Female {Cross out the word not}

Age, *Years,* 4 *Months,* *Days*

Color, Colored *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 ~~Eighty~~ Raybrug St

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,)

Duration of ~~Last~~ *Sickness,* 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 83

Frank K Lemon M. D.
Medical Attendant

Undertaker, S. M. Chase

Place of Business, 198 S. Howard St *Address* 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 62485

Office of Registrar of Vital Statistics. 16 W

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jackson

{Cross out the word not}

Age, 3 — *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} Chimney — B & O R.R.

Cause of Death, First, (Primary.) Accidentally Burned

Second, (Immediate.) by Burning B & O R.R. Co

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 5th 1883

Undertaker, Wm H Carroll

Place of Business, 111 Hanover

L A Bell M.D.,

Medical Attendant.

Coroner's Office

Address, 161 S Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6486

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Gibson

Age, 52 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow, Widower, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 52 years.

Place of Death, {Give street and number.} 10 Boyd St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Lamar

Date of Burial, March 5th

Undertaker, S Whitacre

Place of Business, 19 Hunter

C. H. Milner M.D.,

Medical Attendant.

Address, 29 N Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is respectfully invited to the necessity, duty and value of Directions on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 64817 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
MAR 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1883

Name of Deceased, {Write legibly and spell} {not Initials. Give Names of parents.} Ida Ulrich Reitz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 4 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 1 Bradford Av

Cause of Death, First, (Primary,) Tubercular meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 5

Undertaker, Sanderson Son

Place of Business, 210 & 212 Caroline Ave

L. A. Untermeyer M. D.,
Medical Attendant.

Address, 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Memoranda below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64818 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd March 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Egan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 62 York St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 4

Undertaker, C. H. Kraus

Place of Business, Hanover St

H. W. Wells M. D.
Medical Attendant.

Address, 57 Wells St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 1883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 Feb. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Ann Smallwood

Sex, Male or Female, {Cross out the words not required in this line.}

Age, [illegible]

Color Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 17 S. Regester st.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 15 months.

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetry

Date of Burial, Mar 4.

Undertaker, Theo J. Locks

Place of Business, 73. Jefferson st

73. F. Lomas M.D.
Medical Attendant.

Address, 914 E Pet. st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

...attention of Physicians is respectfully invited to the instructions below, and to those on the reverse side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1883 BALTIMORE, MD.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ella Bandly

Sex, Male or Female {cross out the word not} Female

Age, ——— *Years,* English *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 15 Hom Street

Cause of Death First, (Primary,) (Marasmus / Dentition)

Second, (Immediate,) Convulsions

Duration of last Sickness, For Last four Months Has always been delicate (Since birth)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4th 1883

Undertaker, E. P. Lodge

Place of Business, 573 Eastern

Thomas J. Timms M. D.
Medical Attendant.

Address, Office 242 W. Balto. Way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64821 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McCormack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cotton Inspector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 27 Pleasant St

Cause of Death,
First (Primary). Pneumonia
Second (Immediate). Exhaustion, Pulmonary Cavity

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 5th

Undertaker George Schilling

Place of Business,

Geo. B. Lemmon M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64822 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1883

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Baerenwitz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 192 E. Eager st.

Cause of Death, { First, (Primary,) .....
Second, (Immediate,) Variola

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial St Johns Cemetery

Date of Burial March 4, 1883

Undertaker, Henry Haeth

Place of Business, 309 Central Ave

Chas Brooke Boyle M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64823 *Office of Registrar of Vital Statistics.* Ward 4th 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry & Georgeanna Mc Nulty parents of deceased child

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 46 Mc Elderry St Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 46 Mc Elderry St

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,)

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, March 4th 1883

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Samb. Powell M. D.,
Medical Attendant.

Address, 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64824 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Sims

Age, ... *Years,* Twelve *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 3 Biddle alley

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} # 20 Vincent alley

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Convulsions

Duration of Last Sickness, About One week

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Laurel Cemetery

Date of Burial, March 4

A. D. Pole M. D.,

Medical Attendant.

Undertaker, E. A. Sphas

Place of Business, 52 Nine St *Address,* 201 North Ave City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6452 *Office of Registrar of Vital Statistics.* Ward XVIII

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 4 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fernandez Welch

{Cross out the word not required in this line.}

1 *Years,* 7 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 203 Vine St.

Cause of death, First, (Primary,)

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, Ours

All the above information should be furnished by the Physician.

Place of Burial, Shorfield Cemetery

Date of Burial, March 4 1883

Undertaker, Wilbur Wenger

Place of Business, No 62 East St

Dennis B Jones M. D.,
Medical Attendant.

Address, 361 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64826 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT BALTIMORE

Date of Death, March 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Forester

Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Hells Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 4

Undertaker, W. N Dunge &

Place of Business,

Geo. W. Denson M. D.,
Medical Attendant.

Address, Cen. Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 64827 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 1 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1, 1883

Full Name of Deceased, { correctly. If an Infant not named, give names of parents. } Clara E. [illegible]

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State if country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, about 5 yrs Dorchester Co Md

Place of Death, { Give street and Number. } 23 Warren Av.

Cause of Death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 4th 1883

Undertaker, Thurston & Denny

Place of Business, 163 Light

John Howard M. D.
Medical Attendant.

Address, 322 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1883.

Permit No. 64828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

983

Date of Death, March 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friby Elbert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 Year 7 Months 21 Days

Color, Dark mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 402 West St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 3½ Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 4th 1883

Undertaker, William J Gray

Place of Business, 65 Mulberry St

Eugene F. Cordell M.D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

Attention of Physicians is respectfully invited to the Instructions below, and to those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64829 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. 1883

Date of Death, March 3, 1883

Name of Deceased, { (Write legibly and spell) not named, give names of parents. } Robert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 1 *Months,* 15 *Days,*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and Number. } 2 South St

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial. March 5

Undertaker. Walter Immel

Place of Business. 315 W. Biddle

_____ M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

This Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64830 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1883

Date of Death, March 3rd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Keller.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~M~~ ~~W~~ S

Occupation, ~~O~~ ~~P~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 7 S. Ann

Cause of Death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,)

Duration of Last Sickness, About 4 Months Called ~~on~~ ~~2~~ ~~P~~

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, March 4th 83

Undertaker, G. Francis

Place of Business, Bank & Wolfe *Address,*

Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is respectfully invited to the Rules and Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6483 / *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1383

CERTIFICATE OF DEATH.

Date of Death, March 2 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Ely

Age, 71 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Gent

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1248 Park Ave

Cause of Death, { First, (Primary,) Pneumonia
Second, (Immediate,) Paralysis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cem. Phila Road

Date of Burial, March 4th 83

Undertaker, G. France

Place of Business, Bank & Mott

W. J. Tull, M. D., Medical Attendant.

Address 48 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ March 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Curtis Bagley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Race,

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 104 S. Colvin St. Home

Cause of Death, First, (Primary.) Dyptheria 8 days

Second, (Immediate.) Paralysis cardiac

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 4th 83

Undertaker, G. Franc

Place of Business, Bam 58 Gilmor *Address,* 245 S. Baltimore

J. Statham M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 64833 *Office of Registrar of Vital Statistics.* Ward 15 W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John David Eenlow

Sex, Male or Female, {Cross out the word not}

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Saxony Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} West Fratt St

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Erysipelas

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th 1883

Undertaker, John L Thacher

Place of Business, No 150 Camden *Address,* [illegible]

A. H. Hurley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 64834 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lefsfen

Sex, Male or Female, {required in this line.}

Age, *Years,* *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 271 S Arnold St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, March 5

Undertaker, J. Frank Ce

Place of Business,

Geo. N. Dixon M. D.,
Medical Attendant.

Address, Cause of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 64835 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Owings Duer

Sex, Male or Female, { Cross out the word not required in this line. }

Age 71 Years, 3 Months, 2 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore County Md.

Duration of Residence in the City of Baltimore, Forty one years

Place of Death, { Give street and Number. } # 301 Hollins St.

Cause of Death, { First, (Primary,) Inflammation of Brain
Second, (Immediate,) }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 9th 1883

Undertaker, J. S. Cook & Bro.

Place of Business, 201 W. Balto. *Address,* 584 W. Fayette St.

J. Southcomb M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained: the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1883

CERTIFICATE OF DEATH.

Date of Death, March 2nd. 83

Full Name of Deceased, {Write correctly. If an Infant not named, give names of parents.} Samuel Fountain

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 57 *Years,* — *Months,* — *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Caroline Co. Md.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 258 West St.

Cause of Death, First, (Primary.) Acute Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 5th 1883

W. G. Sandrock M.D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, 227 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t... nty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ... ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p... n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. MURPHY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 64837 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Chandler Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 12 or 13 years

Place of Death, {Give street and Number.} * 607 N. Gay st.

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) .....

Duration of Last Sickness, 2 or 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, March 5th 1883

Undertaker, John L Meade

Place of Business, 150 Cornhill

Geo. H. Hartwell M. D.,
Medical Attendant.

Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

Board of Health, City of Baltimore,

Permit No. 64738 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 5 1883

Date of Death, March 3rd, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roger A. Jones

Age, 70 *Years,* 11 *Months,* 18 *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Upholsterer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, About 40 yrs.

Place of Death, {Give street and Number.} 13 S. Carey.

Cause of Death, First, (Primary.)

Second, (Immediate.) Valvular disease of heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5th 1883

Undertaker, S. W. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 558 N. Fayette St.

Horace M. Simmons, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *"And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 64889 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 5 1883

Date of Death, March 4th 1883

Full Name of Deceased { Write legibly and spell correctly. If an infant unnamed, give names of parents. } Henry Wheeler

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Fireman on Steamer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md. England

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and Number. } Union Dock

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Drowned accidentally

Duration of Last Sickness,

☞ All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 6/883

Undertaker, Jas O Byrne

Place of Business, 63 Front

J. J. Connolly M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

28

Board of Health, City of Baltimore.

Permit No. 6418418

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, 4th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Louisa Hayden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 8 *Months,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 368 Lanvale St

Cause of Death, First, (Primary.)

Second, (Immediate.) Peritonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 6th

Undertaker, George Schilling

Place of Business,

H. W. Ormy M.D.

Medical Attendant.

Address, 48 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Balti...

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furni... within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as f... as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t... cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 64841 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If colored, or no name, give names of parents. } Thomas Patterson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Forty two *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Cigar Maker

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 93 N Carrollton Ave

Cause of Death, First, (Primary,) Pthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, For (1) year

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Centre

Date of Burial. March 5, 1883

Undertaker, Henry Hoerle

Place of Business, 369 Central Ave *Address,* 369 Central Ave

W. S. Elder M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6484 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, 2nd February 83

{Write legibly and spell correctly. If an infant} Maria Hood

Sex, ~~Male~~ or *Female;* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and Number.} 49 E Biddle

Cause of Death, First, (Primary,) Septicaemia Caused Paralysis that had taken place two months ago.

Second, (Immediate,) Heart failure

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Feb 4 1883 *Irving Miller* M. D.,

Medical Attendant.

Undertaker, Henry Hoppe

Place of Business, 609 Central Ave *Address,* 179 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]

Board of Health, City of Baltimore,

Permit No. 64843 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 5 1883

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883

Full Name of Deceased, {Fully, legibly and spell correctly. If an Infant not named, give names of parents.} George Hoffmeier

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 4 *Months,* *Days,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} Corner Pine

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption of Lungs

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar 6

Undertaker, G. Lienbech

Place of Business, 384 W Pratt St

M. Buchman M. D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 64844 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 5 1883

CERTIFICATE OF DEATH.

Date of Death, March 3rd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Sims Whitehill

{Cross out the word not required in this line.} Female

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, XXX

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 1 E. Eday

Cause of Death, First, (Primary,) Valvular (Heart) disease

Second, (Immediate,)

Duration of Last Sickness, Several months - Confined to bed

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 6/83

Undertaker, Fig Bros

Place of Business, 49 W Broadway

Jno. C. Smith M. D.,
Medical Attendant.

Address, 926 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 64846 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Carr

{ Write legibly and spell correctly. If an Infant not named, give names of parents. } required in this line.

Age, 66 ~~years~~ *Years,* Eight *Months,* — *Days,*

Color,

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, { Give street and Number. } 518 N. Paca St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Months & 14 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 5th 1883

Undertaker, Geo R Cook

Place of Business, 1701 Baltimore

A. McColgan M. D.,
Medical Attendant.

Address, 843 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1883

CERTIFICATE OF DEATH.

Date of Death, March 4 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary Denny

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 484 Eutaw Place

Cause of Death {First, (Primary,) General Debility

{Second, (Immediate,) .....

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 6th 1883

Undertaker, Geo. Gough & Co

Place of Business, 320 Cumb. Ave *Address,* 42 Mosher St

L. Fussell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

[illegible] AND STATIONERS.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 64847 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Schloutner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One Year, Six Months, — Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State if born in this country, and now long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} Bd & Monument Eyler's Alley

Cause of Death, First, (Primary,) —

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 9 1883

Wm H Henderson M. D.,
Medical Attendant.

Undertaker, John Heneroy

Place of Business, 388 Orleans St Address, No. 102 N Eden Road

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64847 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th March 1883

Name, (Write legibly and spell correctly. If not named, give name of parents.) Lepka

Sex, ~~Male or~~ Female, (Cross out the word not required in this line.)

Age, 83 — *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Bath

Duration of Residence in the City of Baltimore, 83 years

Place of Death, (Give street and Number.) Aged Women's Home

Cause of Death, First, (Primary,) Paralysis —

Second, (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem.

Date of Burial, March 6. 1883

Undertaker, H. W. Jenkins & Son

Place of Business Park & Saratoga

Chas H. Taylor M. D.,
Medical Attendant.

Address, 1 Wesley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64784 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary E Ringgold

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 65 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} 145 Hanover St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Phlebitis Erysipelas

Duration of Last Sickness, 12 Days

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 6th 1883

Undertaker, Hall Jenkins & Sons

Place of Business, Park & Saratoga Sts.

D. Gilchrist M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 64850 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names required in this line.} Florence Kennedy

Age, 2 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 3 Bartlett St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 5

Undertaker, J B Cook.

Place of Business,

Geo. H. Dunn M. D.

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th[illegible] Special Attention [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 64857

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Lambert

{Required in this line.}

Age, ... *Years,* 4 *Months,* 26 *Days*

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 4 mos 26 days

Place of Death, {Give street and number} 235 William St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Nervous Prostration

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 6th 1883

Undertaker, Smyth & Penn

Place of Business, 26 S. Light St

Robert S. Lowe M. D.
Medical Attendant.

Address, 933 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6486 2 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1893

Full Name of Deceased, { Write both name and surname correctly. If an infant not named, give names of parents. } H ..... Connor

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } .....

Age, 65 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, Street-Pedlar

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 9 Fish Market Place

Cause of Death, First, (Primary) .....

Second, (Immediate,) Exposure & dissipation

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, March 3

Undertaker, W. J. Coleman

Place of Business, ...

H. G. Connolly M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to ...

Board of Health, City of Baltimore,

Permit No. 64853 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 5 3

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Geisman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ...

Age, 44 3D *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ...

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 133½ S Spring St

Cause of Death, First, (Primary,) Duspharia.

Second, (Immediate,) Chronic Dysentary

Duration of Last Sickness, 8 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Geo. J Kriemen M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, also to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64857 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883.

Full Name of Deceased {Write legibly and spell correctly. If an infant of parents,} George Kerchner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carriage Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Yrs

Place of Death, {Give street and Number.} B. & O. R. R. Locust Point

Cause of Death, First, (Primary,) Accidental death

Second, (Immediate,) Injuries by Engine 12 B & O R.R. Co

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Ulysses Church

Date of Burial, March 6

Undertaker; D. F. Haile

Place of Business, 22 West St

Dan'l Ohlen M. D.,
Medical Attendant.

Address, 61 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64834 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1883

Date of Death, Mar. 4th 1883

Full Name of Deceased { Write legibly and spell correctly. If an Infant } Christian Gilbert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State if born in country; and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and Number. } 227 N. Bond St

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Aliens Cemt.

Date of Burial, 6th of March

Undertaker, Adam Fink

Place of Business, 461 W. Gay St

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor Eden & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to Rules & Directions on Back.

Board of Health, City of Baltimore,

Permit No. 64867 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 6 1883

Date of Death, March 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Beard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State if in country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 29 St Paul

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness; 14 d

All the above information should be furnished by the Physician.

Place of Burial; Balto Cemetery

Date of Burial, March 7th 1883

Undertaker, Thos S Quigley

Place of Business, 69 E Balto Address,

A. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 6487 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1888

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1888

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) John Kuebeth

Sex, Male or ~~Female~~ (Cross out the word not required in this line.)

Age, 73 *Years.* *Months.* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~ (Cross out the word not required in this line.)

Occupation, Butter dealer

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, (Give street and Number.) 245 N. Front St

Cause of Death, First, (Primary,) Old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St. Athanasius Cem.

Date of Burial, March 4th

Undertaker, Wendell Lippe

Place of Business, 21 Bendel. 151

Francis A. Sauer M. D.
Medical Attendant.

Address, 103 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR

CERTIFICATE OF DEATH.

Date of Death, February 25 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Fox

Age, 76 Years, 4 Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore 34 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 82 Bolton St

Cause of Death, {First, (Primary.) Senile decay

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Wednesday March 1st

Undertaker, John H. McCoy

Place of Business, 22 W. Fayette St. Address, 182 Boradway

Dame A Fecht M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

13 **Board of Health, City of Baltimore,**

Permit No. 64869

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883

{Write legibly and spell correctly. If an Infant of parents.} [illegible]

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Male

Age, Seventy two *Years,* three *Months,* twenty five *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, over thirty years

Place of Death, {Give street and number.} 12 Lemmon St. Balto. Md.

Cause of Death, First (Primary.) Senile Debility [Paralysed some years since

Second (Immediate.) Exhaustion

Duration of Last Sickness, In poor health for a year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 7 1883

{*Undertaker,* J. B. Cook

Place of Business, 707 W. Balto St.

Wm M Nickerson M.D.
Medical Attendant.

Address Arlington & Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this Schedule Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64860 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR. 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Barnett

Sex, Color or Condition, {required in this line.}

Age, 5 *Years,* *Months,* *Days,*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and Number.} 232 east

Cause of Death, First, (Primary,) Small pox

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1883

Undertaker, Hercules Goss

Place of Business, 95 Conway st

Geo Ellis M. D.,
Medical Attendant.

Address, 312 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64861 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant but named, give names of Parents.} Elizabeth Kimmerle

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 69 *Years,* 9 *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and Number.} No 549 Canton Avenue

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Lancy.

Date of Burial, March 6. 1883

Undertaker, H. Saunders & Son

Place of Business, 252 Canton av

Thomas B. Evans, M. D.,
Medical Attendant.

Address, 22 Gaelan Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64862 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1883

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Eby

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 46 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Stripper & Leecher

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 107 Bank

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 18 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon Cem.

Date of Burial, March 6. 1883 James E. O'Donnelle M. D., Medical Attendant.

Undertaker, H. Sandy & Son

Place of Business, 252 Lombard Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15-a

Board of Health, City of Baltimore,

Permit No. 64863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1893

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4th March 83

Name, (Write legibly and spell) Francis Farland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.* (of parents.)

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} # 7 Henrietta St.

Cause of Death, First, (Primary.) Senile Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Druid Mount

Date of Burial, March 6/1893

Undertaker, Armistead Gump

Place of Business, 408 Light St.

H. W. Ellis M.D.
Medical Attendant.

Address, 48 McCulloh

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the Rules below, and to those on the back.

Board of Health, City of Baltimore,

Permit No. 64864 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 3 1883

CERTIFICATE OF DEATH.

Date of Death, March 5 1883

Name, { Write legibly and spell } Wm T Rogers
{ Christian and Surname in full. }

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 18 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6 1883

Undertaker, H W Mears

Place of Business, 45 N Gay St

.....

M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

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Board of Health, City of Baltimore,

Permit No. 64865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {correctly and spell correctly. If an infant not named, give names of parents.} John [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* *Days.*

White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 428 W. Fayette

Cause of Death, First (Primary,) Small Pox

Second (Immediate,) Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Church Yd. H. Potter M. D.

Medical Attendant

Date of Burial, March

Undertaker, [illegible]

Place of Business, 461 W. Baltimore St. *Address* S. E. Cor Gay & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, (and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 62866 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, March 6 / 83

Name of Deceased, { Write legibly and spell correctly. If an Infant } Infant Alexander

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* 6 *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Co

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 102 S. Bond

Cause of Death, First, (Primary,) Cyanosis - Premature birth

Second, (Immediate,) Asphyxia

Duration of Last Sickness, since birth

All the above Information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery P. R

Date of Burial, March 6th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 7 S. Broadway

J. L. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Th[illegible] Special Attention of Physi[illegible]

Board of Health, City of Baltimore,

Permit No. 64867 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 1883

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizette Ferrals

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five (2) *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy, Came with

Duration of Residence in the City of Baltimo

Place of Death, {Give street and Number.} 94 Orleans St

Cause of Death, First, (Primary) Scald Foot

Second, (Immediate,)

Duration of Last Sickness, Three Days

* All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cemetery

Date of Burial. March 6 1883

Undertaker, John Kennedy

Place of Business, 35 Columbus Pl

Wilmer M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6486 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1893

CERTIFICATE OF DEATH.

Date of Death, Saturday March 3rd 1893

Full Name of Deceased, {Give first, middle and surname correctly. If an infant not named, give names of parents.} Wm Allen Trimfellow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days.*

Color, ~~White~~ Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single,

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co, Md.

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give street and Number.} 34 Ear Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Cem of Tipperary

Date of Burial, March 6th

Undertaker, Chas A White

Place of Business, 35 Hanby St

Wilmer Trimlow M. D.,
Medical Attendant.

Address, 20 ½ E Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 64869 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5 /83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Cronch

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 54 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Planter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 1438 E Chase St

Cause of death, First, (Primary,) Chronic Alcoholism

Second, (Immediate,) Cerebral embolism with hemiplagia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dalzo

Date of Burial, Mch 6

Undertaker, P Block

Place of Business, ...

A. Armistead M. D.,
Medical Attendant.

Address, Ve[illegible] Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 6487 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 12 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 136 S Appleton St

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, at Mt Olivet Cem

Date of Burial, March 7th 83

Undertaker, Edw. Stroebe

Place of Business, Park Ave & Laf't

Howard Cobb M. D.
Medical Attendant.

Address, 140 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6418 71 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Russell
John H. Russell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and Number.} 264 Hanover

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 6th

Undertaker C. F. Krause

Place of Business,

Ellis Mickear M. D.
Medical Attendant.

Address, 16 8 Shaf st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back of...

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Permit No. 64872

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Wesley Johnson

{Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 324 N. Eutaw St

Cause of Death. First, (Primary.) Congestion of Brain

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 6th 1883

Undertaker, Thos S. Hagley

Place of Business, 611 E. Balto

P. G. Williams M.D.,

Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules, and to Certificate on Page

Board of Health, City of Baltimore,

Permit No. 6873 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5 1883

Full Name of Deceased, {If child or infant not named, give names of parents.} William H. Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Colored

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 197 Virginia Street

Cause of Death, First, (Primary,) Gangrenous Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 38 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial. March 7th

Undertaker, George Schilling

Place of Business,

J. C. Whitefort M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions below, and to Letter of Directions on [illegible]

Board of Health, City of Baltimore,

Permit No. 64874 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 6 3

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883. 6.30 A M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena. A Jackson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~ Years, Eight Months,

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 19 Cedar Row

Cause of death, First, (Primary,) —

Second, (Immediate,) Phthisis

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 7th 1883

Undertaker, Louis Schaefer

Place of Business, 109 N Fremont

Hattoffroth M. D.

Medical Attendant.

Address, 320, Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 64875 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel.

{ Cross out the word not } required in this line.

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Tubercular Meningitis.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Bayo

Date of Burial, March 6/83.

Undertaker, Pat. Hunt

Place of Business, Pimlico Road

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave. Catons

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Rules of Duties on Same.

Board of Health, City of Baltimore,

Permit No. 64876 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 3

CERTIFICATE OF DEATH.

Date of Death, March 4th - 1863.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Ripley.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 6/63.

Undertaker, Pat. Hunt.

Place of Business, Division & Monument

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Albemarle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully solicited.

Board of Health, City of Baltimore,

Permit No. 6487 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary Hall

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 24 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Jersey

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} 57 Carlton Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 6th 83

Undertaker, Wm J Gray

Place of Business, 63 Mulberry

Medical Attendant.

Address, 146 Hanover St

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64878 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883

Name of Deceased, { (Write legibly and spell.) not named, give name of parents. } Paul Pauli

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 79 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bergamina Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, { Give street and Number. } 159 S. Chapel

Cause of Death, { First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel C.

Date of Burial, March 6th

Undertaker, Wendell Pippel

Place of Business, S. Bond. 151

Carroll Edwards M. D.,
Medical Attendant.

Address, 176 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64879 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR. 1893

CERTIFICATE OF DEATH.

Date of Death, March 6th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Peter Neal.

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 53 Sterling Street

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 8th

Undertaker, B Hare

Place of Business,

J E Heard M.D.

Medical Attendant.

Address, 216 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 6480 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 83

CERTIFICATE OF DEATH.

Date of Death, March 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Royal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 185 West St

Cause of Death, First (Primary), Peritonitis

Second (Immediate). Metroea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, March 5 83

Undertaker Geo W. Perkins

Place of Business, 130 Henrietta

T. S. Bozé M.D
Medical Attendant.

Address, 710 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 64881 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Usen

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Corkeysville Balto County

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} No 4 Leffermans Court

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Corkeysville

Date of Burial, March 6/83

Undertaker, Dove Dinges

Place of Business,

Geo. H. Benson M. D.,

~~Medical Attendant.~~

Address, Com Health Commissioners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64882 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883

Name of Deceased, {Write legibly and spell surnames and Christian names in full. Give names of parents.} Robert Sharpe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 1 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 Jew Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchial Catarrh

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Samuel Greenbury

Date of Burial, March 6th 1883

Undertaker, Wilbur Mowing

Place of Business, No 62 East Pratt

Silas H. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 64883 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1893

Name, { (Write legibly and spell.) / (Christian and Surname.) / (Of parents.) } Henrietta Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 1 *Months,* *Days,*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 182 Orleans St.

Cause of Death, First, (Primary,) Burned - Pot

Second, (Immediate,) Unknown

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, March 6 1893

Undertaker, William V Dorsey

Place of Business, No 628 Orleans St

Geo. H. Lauer M. D.,
Medical Attendant.

Address, 23 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 64864 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch 6

Full Name of Deceased, {Write plainly and correctly. If not known not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 6 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 188 S Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mch 6

Undertaker, J Barden

Place of Business,

Geo. N. Dutton M. D.,
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... to the Importance ... Correctness ...

Board of Health, City of Baltimore,

Permit No. 6488 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 4 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Estella Dyer.

~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 134 N. Hoffman St.

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions Congestion of Cerebellum & Medulla

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, March 6th 1883

Undertaker, Hy W. Mears

Place of Business, 115 N Gay St

Edward R. Duvall M. D.
Medical Attendant.

Address, 57 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible] on Back of this.

Board of Health, City of Baltimore,

Permit No. 64886 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Duffy (Col)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 20 *Years,* — *Months,* — *Da*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Unknown

Birthplace, { State in country, and now along in the United States, if of foreign birth. } Washington (D)

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Apnoea - Exhaustion

Duration of Last Sickness, 1 wk 1 day.

At the above information should be furnished by the Physician.

Place of Burial. Ebs

Date of Burial. March

Undertaker, W Coleman

Place of Business,

E Duffy M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Blanks Below. Refer to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 64887 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1893

CERTIFICATE OF DEATH.

Date of Death, 6th March 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Harlow

Sex, Male or Female { Cross out the word not required. }

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll Co Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and Number. } 755 Light

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 8th 1893

Undertaker, Armstrong & Lemmon

Place of Business, 263 Light

H. H. Welch M. D.,
Medical Attendant.

Address, 5 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

19

Board of Health, City of Baltimore,

Permit No. 64888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~according, filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of} Virginia Spannenberg

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 3 Years, 8 Months, — Days.

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 118 N. Calvert

Cause of Death {First, (Primary,) Laryngitis Catarrh.
Second, (Immediate,) Exhausting

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 8th 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

J Hilleary M. D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} John Ament

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Years, 11 Months, 29 Da...

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.o City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 289, S. Bond St

Cause of Death, {First (Primary,) Small pox

Second (Immediate,) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Mathias Cimatery

Date of Burial, Mch 7th 1883

{Undertaker, Leonhard Fuhrs

{Place of Business, 277. S. Bond Street

F. H. McManus M. D.
Medical Attendant.

Address 254 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 64890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline E. Siegel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* 18 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 E. Lombard St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic Croup

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem.

Date of Burial, March 7th 1883

Undertaker, C. Bartlett

Place of Business, 3 N. Bedford St

H. R. Fetterhoff M. D.
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Rollins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 6E Jasper St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 6E Jasper St.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 83

L R Coale M. D.
Medical Attendant.

Undertaker, A C Hornby

Place of Business, Woodberry *Address,* 117 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 6489 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Lynn

Age, forty-eight *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} No. 19 Waesche st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7 1893

Undertaker C. C. & J. Kennedy

Place of Business, 116. Oncl. and Pl.

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Printed on the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 64895 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 17 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Montgomery St

Cause of Death, First, (Primary,)

Second, (Immediate,) Smallpox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 6

Undertaker, S W Chase

Place of Business,

Geo F Bunn M. D.,
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 64894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonzo Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow, Widower~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 St Mary St

Cause of Death, First, (Primary.) He had a severe fall & struck back of head

Second, (Immediate,) Meningitis and Exhaustion

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Mar 6 83

Undertaker, Alf Hamely

Place of Business,

W. B. Griffith M. D.
Medical Attendant.

Address, 158 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No 64896 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Gorton

{Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 162 Wright St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 7th 83

Undertaker G. Frazier

Place of Business, Bond & Holy *Address* 34 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Phy...

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Alexander Courtney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Colerain

Place of Death, {Give street and number} 20 N. Eutaw Balto

Cause of Death, First, (Primary,) Lobar Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery J. E. Clapell M. D

Date of Burial, March 6/83 Medical Attendant.

Undertaker, Jno. Rethel

Place of Business, 162 German St *Address,* 36 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...L, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

17

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...e, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1883

CERTIFICATE OF DEATH.

Date of Death, March 5th, 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names} Greenbury Knight

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 26 Years, 4 Months, 22 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 Burrough St

Cause of Death { First, (Primary.) Typho-Malarial Fever
Second, (Immediate.) 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, May 7

Undertaker, B. Hasty

Place of Business, 82 West St

Robert L. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64896 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 6 1883

Date of Death, 6th. March 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Emilie Bribes,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During Lifetime.

Place of Death, {Give street and Number.} Lancaster St 52.

Cause of Death, First, (Primary.) } Variola.

Second, (Immediate.)

Duration of Last Sickness, 15. Days.

All the above information should be furnished by the Physician.

Place of Burial, Ft Crg L. Cem.

Date of Burial, March. 6. 83

Undertaker, Sander Son

Place of Business, 252 Eastern Ave

William Hindl M. D.,
Medical Attendant.

Address, S. Wolfert's Hill.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully ... back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64899 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Bruce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 27 Wayne St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption.

Duration of Last Sickness, About 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7

Undertaker, H Ross

Place of Business 95 Conway St. *Address*

J. D. White, M. D.
Medical Attendant.

Residence 1 Wilson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6490 — *Office of Registrar of Vital Statistics.* — Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ullrich [redacted] Stuckert

Age, 42 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, Clerk

Birthplace, {State or country and how long in the United States, if of foreign birth.} Breiner Haven Germany

Duration of Residence in the City of Baltimore, Abt 20 Years

Place of Death, {Give street and Number.} 34 East Balto St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Abt 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, March 7th 1883

Undertaker, J J Andrews

Place of Business, 1546 Druid Hill Ave

Charles Jr. Moffit M. D.,
Medical Attendant.

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64901 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McAvoy

Sex, Male or Female, {Cross out the word not required in this line.} Male

55 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 114 S. Greene St

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, March 7 1883

Undertaker, J. B. Cook

Place of Business, 307 W. Balt. St.

Jno. D. Blake M. D.,
Medical Attendant.

Address, 168 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Phy... is respectfully invited to the Remarks below, and to Notice on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64902 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Otto

Male

Age, 70 *Years,* 2 *Months,* 23 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Plasterer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frederick County Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 13 Edmondson ave

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Suffered for past 10 years - Confined to bed for last 6 months (under my care for last 6 months)

All the above information should be furnished by the Physician.

Place of Burial, Bald Eagle

Date of Burial, March 7th 1883

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette

Jas E Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully ~~advised to the~~ ~~of this Certific~~

Board of Health, City of Baltimore,

Permit No. 4983 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 5 1883

Name, { Write legibly and spell } Lucius Monk
{ not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, / *Years,* 5 *Months,* 2 *Days*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 218 Aisquith St.

Cause of death, { First, (Primary,) Cerebro-Spinal-Meningitis
Second, (Immediate,) 6 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 7

Undertaker, Henry McGinnis

Place of Business, 201 Central Ave

Edward P. Weirle M. D.,
{ Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64984 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 6

Full Name of Deceased { Write legibly and spell correctly. If an Infant } Louis Fleckenstein

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baero

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 149 N Chapel St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Janes

Date of Burial, March 7

Undertaker, Wm Coolen

Place of Business,

Geo. H. Jenkins M.D.,

~~Medical Attendant,~~

Address, Dept of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health. City of Baltimore,

Permit No. 64905 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. Bernard Angerman

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~

Age, 3 *Years,* *Months,* 22 *Days,*

Color, ~~White~~

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 642 Arlington Ave

Cause of Death, { First, (Primary,) Membranous Croup / Second, (Immediate,) One week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, March 8th 1883

Undertaker, Leary & Nichols

Place of Business, 58 W. Fayette St

W. R. McKim M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 64906 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1883

CERTIFICATE OF DEATH.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hearden Cook

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 43 *Years,* 1 *Months,* 29 *Days,*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Carriage Trimmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pinchester Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 083 Sarah St

Cause of Death, First, (Primary,) Cam over body & Sinorhoea

Second, (Immediate,) Disp hoard Poisoning by Bichloride Fungus

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 7th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

W. H. Cothran M. D.,
Medical Attendant.

Address, 83 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 6490 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Mayel 6/83

Full Name of Deceased, {Write and spell correctly. If an infant not named, give names of parents.} Alice Mary Rourk

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 260 Bank St.

Cause of Death. First (Primary), Consumption

Second (Immediate)

Duration of Last Sickness, One yr.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross & R. W. Mansfield M. D.

Date of Burial, May 8 Medical Attendant.

Undertaker H. Leippiel

Place of Business, 17 S Bond St *Address,* 17 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

2

Permit No. 64908

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Groth

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 151 Lee St

Cause of Death, First, (Primary.) Carcinoma rectum

Second, (Immediate.) Marasmus

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St Paul C

Date of Burial, Mar 7 th

Undertaker, W Lippiel

Place of Business, 157 S Bond St

Fulton M.D.,
Medical Attendant.

Address, 1[illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No 6490 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Ignatius Chamberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 133 N Eutaw St.

Cause of Death, First (Primary), Congestion - Membranous -

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 7th 1883

Undertaker Chas. J. Scriven

Place of Business, 271 N Eutaw St *Address,* 188 Franklin St

J. Mullen M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 64918 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, March 6 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Scott

Sex, Male or Female {Cross out the word not}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 283 N Eutaw St

Cause of death, First, (Primary,) Unknown - moribund when I saw her

Second, (Immediate,)

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, March 8th 1883

Undertaker, Chas J Scrivener

Place of Business, 271 N Eutaw St

C Winslow M. D.,

Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 64711. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Hartzell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Asst.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania U.S.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 23 Mc Mechen St.

Cause of Death, First (Primary). Apoplexy

Second (Immediate).

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 8th 1883

Undertaker John E Hough & Co

Place of Business,

J. Allen M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 6491 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick A. Beyer

Sex, White or Colored, {If required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Lloyd St.

Cause of Death, First (Primary). Cerebral Embolism

Second (Immediate). General Paralysis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, March 8th 1883

Undertaker C. Bastell

Place of Business, 3 N Fredrick St *Address,* 11 S. Howard St

A Hirschberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 6 4913 *Office of Registrar of Vital Statistics.* Ward 15-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6

Full Name of Deceased, { Write legibly and spell correctly. If an infant, of parents. } Wm E Tull

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 24 *Years,* ... *Months,* ... *Days,*

Color, Ca

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 6 Peach alley

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Charnsh

Date of Burial, Feb 7

Undertaker, Parkins

Place of Business, ...

Geo. A. Owen M. D.,
~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 64914 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orman G. Gorley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N E Cor Fayette & Holliday

Cause of Death, First, (Primary,) Exhaustion, supervened

Second, (Immediate,) by a Pistol Shot wound Bleeding

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mch 8th 1883

Undertaker, Wm Jenkins Son

Place of Business, Park & Saratoga St.

J. J. Connelly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6496 — *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar: 6th 1883 2 P.M. 45 Min Ale

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Gerrish Wyman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 17 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Retired merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Roxbury Mass

Duration of Residence in the City of Baltimore, 57 years

Place of Death, { Give street and Number. } 99 Park St Balto

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate,)

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Boyd's Station Pa. (Erie Co)

Date of Burial, March 9. 1883

Undertaker, Harkins Knight Sons.

Place of Business Park & Saratoga

H. D. Powell M. D.
Medical Attendant.

Address, 178 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 64916 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give street and Number.} No 10 N. Rose st.

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th 1883

Undertaker, Lorsch

Place of Business, 1707 N. Bond St. *Address,* .....

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FIL

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6491 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. 1883

CERTIFICATE OF DEATH.

Date of Death March 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Larson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

30 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and Number.} 144 S. Caroline St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, March 8th 83

Undertaker Handerson

Place of Business, 252 Eastern Ave *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6491 8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Struenger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 90 *Years,* —— *Months,* —— *Days.*

Color, Bright

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Not Known

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 24 Orchard

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1883

Undertaker, Edmondson Sons

Place of Business, 24 Orchard St

Thos J Ward M.D.
Medical Attendant.

Address 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64919 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 1883

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, give names of parents.} Ada Belle

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 5 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and Number.} # 13 Albemarle St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews

Date of Burial, March 9/83

Undertaker, Ch Bartell

Place of Business, 8 N. Frederick

Mrs H. Harris M. D.
Medical Attendant.

Address, 154 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 6

Permit No. 64920 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March the 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Ware

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State if born in country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 5 Bradford Ally

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March the 7th

Undertaker, Charles F. Buttler

Place of Business, Caroline St

Wm. F. Dixon M. D.,

~~Medical Attendant~~

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 6499

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Wenderfer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 6 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 S Regester

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 8

Undertaker, A Kachler

Place of Business,

I. L. Moyer M.D.,
Medical Attendant.

Address, 1,5, Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

Permit No. 64922 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. MAR 7 1883

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Bernstein

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 84 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word NOT required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and Number. } 422 Orleans St.

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) Gastritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, March 8/83

Undertaker, Fry & Bro

Place of Business, ...

E. L. Lewis M. D.
Medical Attendant.

Address, 273 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7 =

(Write legibly and spell) Name of Infant, James A Fulton =

Sex, Male ~~or Female~~, (Cross out the word not required in this line.)

Age, 2 Years, — Months, — Days, 7

Color, White —

~~Married~~, Single, ~~Widowed~~, ~~Divorced~~, (Cross out the word not required in this line.)

Occupation, Child

Birthplace, (State or country, (and how long in the United States, if of foreign birth.) Balto City

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, (Give street and number) Mrd & Loney Infirmary W Broadway

Cause of Death { First, (Primary.) Pneumonia Duplex
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Johns Episcopal

Date of Burial, 8 March 1882

{ Undertaker, Theo. F. Keerghus
Place of Business, 660 E Baltimore

E. E. Flynn M. D.
Medical Attendant.

Address, Mrd & Loney Infirmary W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62,924 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6—1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas A. Kenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 686 W. Fayette St

Cause of death, First, (Primary.) Suppuration Parotitis, with Otorrhea, coryza &c

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 10 d/s

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Mar 10 83

Undertaker, J H Rymer

Place of Business, Liberty St

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

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Permit No. 64925

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

Date of Death, Mar. 7th 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Morris

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 489 W. Lombard St

Cause of Death, { First, (Primary.) Asthma, / Second, (Immediate.) Pneumonia

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 9th 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

E. H. Gorman M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] is respectfully invited to the Remarks below, and to that of Diseases on back of this Certificate.

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Board of Health, City of Baltimore.

Permit No. 64926

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Hammerbacher

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cooper ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35

Place of Death, { Give street and number. } Knowles Cooper Shop, Plum Alley

Cause of Death, { First, (Primary.) Apoplexy

Second, (Immediate.) 2 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 8th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 161 W Pratt St

Jas. Bell M.D.,
~~Medical Attendant~~
Coroner 1st Dist

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6482 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Ann Boyd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 — *Days,* .....

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} No 1 Race Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Four weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. March 6 1883

Undertaker Wilson & Dugee

Place of Business, 62 East St

Jas. W. J. England M. D.,
Medical Attendant.

Address. 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64928 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John George Hartzenbuhler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 194 Probes Street

Cause of death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 8

Undertaker, B. Hall

Place of Business, 51 Hunt St.

C. H. Thomas M. D.,
Medical Attendant.

Address, 66 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 4929 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Jefferson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Wid

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 389 E. Fayette St.

Cause of Death, First, (Primary.) Mortilus Cordis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial M. E. Cemetery P. R.

Date of Burial March 9th 1883

Undertaker Denny & Mitchell

Place of Business, 63 S. Broadway

Address, [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City ... Office, where open from ... Saturday of each ... No. 92493 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64730 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte B Burtin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 10 Jackson Square

Cause of Death, First, (Primary,) Anemia

Second, (Immediate,)

Duration of Last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 9th 1883

Undertaker, Denny & Butchell

Place of Business, 66 S Broadway Address, 2 B'way

D M Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

...Special Attention ... Reception, ... Remarks below, and to List of Diseases on back of this Certificate.

13 Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 64931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Margaret N. Bell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* ... *Months,* ... D

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George's Co. Md

Duration of Residence in the City of Baltimore, About 2 Years 9 months

Place of Death, {Give street and number} No. 926 W. Fayette St.

Cause of Death First, (Primary,) Consumption Pulmonary

Second, (Immediate,) " "

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Prospect

Date of Burial, 11th March

Undertaker, J. Cook

Place of Business, ...

T. Chew Worthington

Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 04932

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64932 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1933

CERTIFICATE OF DEATH.

Date of Death, Mch 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Hunn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 46 Carlton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamar

Date of Burial, Mch 9

Undertaker, Mr Dugee

Place of Business,

Geo. W. Ensor M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

1884

Board of Health, City of Baltimore,

Permit No. 64923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1883

CERTIFICATE OF DEATH.

Date of Death, March 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Blanche Escaille

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* two *Months,* eighteen *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 813 West Baltimore Street

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 9 1883.

A. F. Bell M. D.
Medical Attendant.

Undertaker, J. B. Cook.

Place of Business, 707 N. Balto. St. *Address* 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Baer

Sex, Male or Female {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 173 Hollins st

Cause of Death { First, (Primary.) Capillary Bronchitis / Second, (Immediate.) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, March 9. 1883

Undertaker, John P. Paulus

Place of Business, No 66 Fredk Av.

P. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64935 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 9 2 1885

Date of Death, March 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Parsons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, Days,

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 994 Lee st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old Cem

Date of Burial, March 9th 85

Undertaker, Wm J. Treiber

Place of Business, 65 S. Eutaw st

H. H. McCeb, M. D., Medical Attendant.

Address, 5 Penn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore.

Permit No. 64936

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

MAR 8 9

Date of Death, March 8th 1 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Willie Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two Weeks *Years,* *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maternite Hospital

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Maternite Hospital 1611 N Linden

Cause of Death, First, (Primary.)

Second, (Immediate.) Mal Nutrition

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, E Balto P Cemetery

Date of Burial, March 8

Undertaker, Jos Colman

Place of Business,

J Page McIntosh M.D.,
Medical Attendant.

Address, "Maternite"

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64961 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death March 6 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Adams

MAR 8 C 1883 BALTIMORE

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow~~ or [redacted] {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the [redacted] *Baltimore,* unknown

Place of Death, {Give street and Number.} [redacted] Hospital

Cause of Death, First, (Primary,) Comp. Fract of R Leg

Second, (Immediate,) Phthisis & Exhaustion

Duration of Last Sickness, 7 mos

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial. March 7

Undertaker, [redacted] Coleman

Place of Business, [redacted] *Address,*

E Powell *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore,

Permit No. 64938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Miss Annie B. Cobourn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six weeks

Place of Death, {Give street and number.} 25 Mclellan Street

Cause of Death, First, (Primary) Threatened Insanity. Dysphonia clamydatis

Second, (Immediate.) Gastro-Duodenitis

Duration of Last Sickness, Six months during my care—18 months under the care of Dr Baker of Virginia

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, March 8/83

Undertaker, C. H. Blyford

Place of Business,

H. H. Nelson, M.D.,
Medical Attendant.

Address, 146 Park Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2873

Board of Health, City of Baltimore,

Permit No. 64939 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Corbus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 10 Days,

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 105 N. Washington

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Luther Cemetery

Date of Burial, March 9 1883

Undertaker, John Herring

Place of Business, 382 Lowndes St

D. L. Whitton M. D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...invited to the Remarks Below, and

Board of [illegible] City of Baltimore.

Permit No. 6494 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 21 1883

Date of Death, March 8th 1883

Full Name of Deceased, {If not named, give names of parents.} John W. Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and Number.} 313 E. Biddle

Cause of Death. First (Primary). Pneumonia

Second (Immediate).

Duration of Last Sickness. 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 11th 1883

Undertaker John A McKay

Place of Business, X226 Fayette *Address,* 256 E. Preston

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

See following Certificate

List of Diseases on Back of this Certificate

64940

Board of Health, City of Baltimore,

Permit No. MAR 22 1883 *Office of Registrar of Vital Statistics* MAR Ward 1883

The Physician who attended the person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurs, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Collins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Clerk & Bank Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, - - -

Place of Death, { Give street and Number. } 318 E. Biddle St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, The D. Wade a

Date of Burial,

Undertaker Mr Stake in the

Place of Business, Sale of death

M. B. Billingslea, M. D.
Medical Attendant.

Address, 25 E. Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

B. W. Benson Clerk

11

Board of Health, City of Baltimore,

Permit No. 64941

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 01 1883

Date of Death, 11 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenette Galloway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, d

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 29 St Mary's Av-

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) .....

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 6th

Undertaker, Alex Hendley

Place of Business, 176 Orchard

Chas. G. Lay M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64942 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write plainly and correctly. If an Infant not named, give names of parents.} Mary Wolters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25- *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} York Penna

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 52 S Castle St

Cause of Death, First, (Primary,) Rheumatism Rheumatism

Second, (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 8th 83 C. Jan Hilleman M. D.

Undertaker, G. Francis Medical Attendant.

Place of Business, Bank & Holl *Address,* 53 Eleventh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 64924 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained ... a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ralf

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Walkersville Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Walsh alley

Cause of death, First, (Primary,) Varicella

Second, (Immediate,) Symptomatic

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 9-1883

Undertaker, L. Hoffa

Place of Business, Mulberry St.

W. H. Crim M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64944 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte A Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days,*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, House

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Balt

Place of Death, { Give street and Number. } 120 Lynn St

Cause of Death, First, (Primary,)

Second, (Immediate,) apoplexy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Laurel Md

Date of Burial March 8th 83

Undertaker, W J Gordon

Place of Business, 65 Saint Ann

A Sutton M. D.,

Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full names, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1883

CERTIFICATE OF DEATH.

Time of Death, March 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vincent Lancaster.

~~Son,~~ Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... Years, 7 Weeks Months, ... Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 14 Eutaw Court

Cause of Death, {First (Primary,)} Pneumonia

{Second (Immediate,)} Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral.

Date of Burial, March 9

{Undertaker, Morgan Pye

{Place of Business, ...

C Bolton M.D.
Medical Attendant.

Address, 58 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64946 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

MAR 9 1893

Date of Death, March 8. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Kreuzer jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 20 Amity St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 20 Amity St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paters

Date of Burial, Mch 9

Undertaker Ed Kreuzer

Place of Business, ...

Alexander Duvall M. D.
Medical Attendant.

Address, Center

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6494 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Grunes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 8 *Years* 4 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 68 Perry St

Cause of Death,
First (Primary),
Second (Immediate). Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 10th 1883

Undertaker Ernst Schlomann

Place of Business, 200 Sharp St *Address,* 146 Hanover

Herman Gotz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64948 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8/83

Full Name of Deceased, {Write legibly and spell; if not named, give names of parents.} Infant Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number} 211 N. Dover bet. Bal & Pr

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. March 9th 1883

Undertaker, Wm. A. Dungee

Place of Business, 62 East, st

G. H. Taylor M. D.,
Medical Attendant.

Address, 211 N. Dover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6449 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, Mar. 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ~~Thomas~~ Farrington

{Cross out the word not}

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age & debility.

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 10th.

Undertaker, H. C. Wiedefeld

Place of Business, 9 Greenmount Ave

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children." [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64950 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 2 6 *Days,*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number,} 99 Stirling

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 9

Undertaker, P J Lobbs

Place of Business,

E A Baldwin M. D.
Medical Attendant.

Address, 124 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

Permit No. 64957

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, 8. March 1883 Noon

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Martha Nagle

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} female

Age, 44 *Years,* 7 *Months,* 20 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 135 Fallsroad

Cause of Death, First, (Primary:) Apoplexia

Second, (Immediate.)

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 11th

Undertaker, Geo Schilling

Place of Business,

C. H. Hoffmann M.D.,
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6495 2 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 9 P 1883

Date of Death, March 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta E Perrine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 54 Bunker

Cause of Death, First, (Primary,) Drowning gutes

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 9th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette st

[illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 9 1883

Date of Death, March 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, the names of parents. } Patrick Carey

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Plumber

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give street and Number. } 378 Druid Hill Ave.

Cause of Death, { First, (Primary,) Abdominal Cancer
Second, (Immediate,) }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters.

Date of Burial, March 10. 1883

{ *Undertaker,* L. Lemmon & Son
Place of Business, 492 W. Fayette } *Address,* 415 W. Monument

C. O'Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64964 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, Friday March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 7 *Months,* [illegible] Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} 217 Forest St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Acute Congestion of Lungs with Exhaustion

Duration of Last Sickness, ONE Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11-83

Undertaker, [illegible]

Place of Business, [illegible]

Medical Attendant. M. D.

Address, 25 ½ Gaimmark Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64961 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 7: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Löb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 87 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and Number.} 209 Alice Anna

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Old Carmel Cemetery

Date of Burial, March 9th 1883

Undertaker, Cupes & Shardt

Place of Business, 269 Canton Ave

Name, C. Knuelle M. D.
Medical Attendant.

Address, 1760 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 64956 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Ladden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} 20 Ramsay St

Cause of Death, First (Primary), Apoplexy

Second (Immediate) Paralysis

Duration of Last Sickness, 5 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 11th 1883

Undertaker Wm Mitchell

Place of Business, 160 Lombard

Wm Stevens Eareckson M. D.
Medical Attendant.

Address, 120 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64957 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Shipmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore County,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and Number.} 104 S. Sharp St.

Cause of Death, {First, (Primary,) Second, (Immediate.)} Cancer of liver, perhaps stomach also

Duration of Last Sickness 4 to 5 months

All the above information should be furnished by the Physician.

Place of Burial B. County

Date of Burial, March 9th 1883

Undertaker, John Mercher

Place of Business, No 150 Canton

John Bonis M. D.
Medical Attendant.

Address, 5 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 64958

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Hoffenberth

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, House work

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 29 h. Eden

Cause of Death, First, (Primary.) Phthisis Tuberculosa

Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, 10 March 1883

Undertaker, Henry Hyman

Place of Business, 20 Hillen

J. Slattery M.D.,
Medical Attendant.

Address, 245 E. Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

Permit No. 64957

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Marie Francis Chevant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Romeray, France

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number.} 40 N. Charles St.

Cause of Death, First, (Primary.) Rachitis & Prostitution

Second, (Immediate.) & Inanition

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Mar 10 83

Undertaker, Joseph Byrne

Place of Business, 59 Liberty St

J. H. Kanff M.D.,
Medical Attendant.

Address, Charles & North Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 19 64963

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Irene Elliott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number.} 88 N. Stricker St

Cause of Death, First, (Primary.) Phthisis Pulmonalis, Hereditary

Second, (Immediate.) Asthenia

Duration of Last Sickness, about three Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Parks

Date of Burial, Mch 10/83

Undertaker, D Emmy Mitchell

Place of Business, Fayette Carrollton Ave *Address,* 312 Mother St

Julius Hall M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention o... ...on Back of This Certificate.

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George's Co. Md.

Duration of Residence in the City of Baltimore, 2 years 9 months

Place of Death, {Give street and number} 926 W. Fayette St.

Cause of Death {First, (Primary.)} Consumption

{Second, (Immediate.)} "

Duration of last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, March 10 1893

Undertaker, [illegible]

Place of Business, 707 E. Balt St.

Rhem. Worthington M. D.
Medical Attendant.

Address, 973 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6496 2 *Office of Registrar of Vital Statistics,* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schimms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give street and Number.} 92 Eastern Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Bright's Disease

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

Nicholas L Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ~~within forty-eight hours after the death~~, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attenti...

13 B...

Permit No. ...
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Date of Death ...

Full Name of ...

Sex, ~~Male~~ or F...

Age, 4 ...

Color, ...

Married, ~~Singl~~...

Occupation, ...

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WM. J. C. DULANY & CO...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6496 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 91 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 8 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) ~~Debility~~ Cerebritis —

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 9/83

Undertaker, Pat. Hunt

Place of Business, Division & Mun.

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64764 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1883

CERTIFICATE OF DEATH.

Date of Death, March 9/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 15 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 6 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 9/83.

Undertaker, Pat. Hunt

Place of Business, Division, Fountain

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5-

Board of Health, City of Baltimore,

Permit No. 6496 5-

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 9 1883

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 7th 83-

Full Name of Deceased {Write legibly and spell correctly. If an Infant of parents.} Mary Grace Kirby

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 6 *Years,* —— *Months,* — *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prince Georges County

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 406 E. Monument St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Uremic Poisoning

Duration of Last Sickness, 3 Weeks-

All the above information should be furnished by the Physician.

Place of Burial, ~~Patterson Pinel Co~~ Patterson Park Co

Date of Burial, March 10th 1883

Undertaker, Wm H. Hickman

Place of Business, 234 Aisquith St

Aldrich, M.D.,

Medical Attendant.

Address, 51 N Calhoun St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 64966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 64966 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased { Write legibly and spell correctly. If an infant of parents. } Nancy Ellen Bush

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 *Years,* *Months.* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 286 Cross St.

Cause of Death, { First (Primary), Small Pox

Second (Immediate). }

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 10 1883

Undertaker C. W. Chase

Place of Business, 1½ N. Howard St.

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 64969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64967 *Office of Registrar of Vital Statistics.* **Ward** 16

MAR 1883

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Garraway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 93 Lee St. Aged Men & Women's Home

Cause of Death, First (Primary). Heart disease

Second (Immediate). Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Osborn

Date of Burial, March 10 1883

Undertaker E. W. Chase

Place of Business, 172 Howard St

S. M. Hall M. D.
Medical Attendant.

Address, 262 Draper St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 64968 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8th '83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria R. Galloway

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Fine *Years,* *Months,* *Days*

Color, Brown

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, five years

Place of Death, {Give street and Number.} No. 7 Cedar Row

Cause of Death, First (Primary), Consumption

Second (Immediate)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Cantrell

Date of Burial, March 10 1883

Undertaker S. T. Reese

Place of Business, 1 E. Fayette St.

J. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64969 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 10 1883

Date of Death, March 8/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Dean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~ten~~ 44 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 67 Thames st.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Vineyard Haven

Date of Burial, March 9

Undertaker Mc Cly

Place of Business, W Dipple

R. W Mansfield M. D.
Medical Attendant.

Address, 117 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo N Ivestel

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} male

Age, 2 *Years,* 1 *Months,* *Days*

Color, W.

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 Mulberry St

Cause of Death { First, (Primary,) Membranous Croup
Second, (Immediate,) Asthenia

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 10 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry

J. E. Shatard Jr. M.D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of P... ...respectfully invited to ... on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6497 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Spitznagel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Day*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Philadelphia Road

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11 1883

Undertaker, John Herring

Place of Business, 382 Orleans St.

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6497 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Magee

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 4 *Months,* 20 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 29 McClellan st

Cause of Death, { First, (Primary,) Scrofula

Second, (Immediate,) 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Mar 9/83

Undertaker, John Locke

Place of Business,

Chas F. Jonson M. D.
~~Medical Attendant.~~

Address, Cor of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 64973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64973 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ross W. Sims

Sex—Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Dragman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 8 Division St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 11th 1883

J. Mullen M. D

Medical Attendant.

Undertaker Wm James Gray

Place of Business, 63 Mulberry St *Address,* 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64974 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If no infant not named, give names of parents.} Gottlieb Schieler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and Number.} 455 S Chapel Ave.

Cause of Death, First (Primary), Old age

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, March 10th 83

Undertaker G. France

Place of Business, Bautz & Wolfe

John H. Keating M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64976 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Brehm

Sex—Male or Female {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 205 S Paca st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Prostration

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 10th 83

Undertaker G. Frazier

Place of Business, Bantz & Wolfe *Address,* 166 S Paca st

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64976 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John V. Stopler

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Stricker St nr Preston 947

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, A few moments only

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 10 P.M.

Undertaker, Castle

Place of Business, Baltor & Schmidt

W. H. Irvin. M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64977

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sticker

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give street and number} 17 N. Monroe St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Coma

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 11th 1883

Undertaker, Cook

Place of Business, Balto St.

Geo K Ellman M. D.
Medical Attendant.

Address, 11 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 6497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6497 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Edward Dooley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 7 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Steuart St

Cause of Death, First (Primary). Tubercular Disease of the Head

Second (Immediate).

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Mar 11th/83

Undertaker Wm H. Tabler Co

Place of Business, 227 Fulton St *Address,* 283 W. Lombard

Edwd F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64979 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rice

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 5 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 520 Hanford Ave

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 10 1883

Undertaker, Henry Hook

Place of Business, 503 N. Eutaw

Jno Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64980 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} Anton Blum

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} 8 Wolfe St north of Biddle St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial Mt Olivet Cem

Date of Burial, March 11, 1883

Undertaker, Henry Roth

Place of Business, 309 Central Av

E. B. Fenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials, to the Office where issued, Saturday of each week. No. 64981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64981 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. S. Adamson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fredk Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 139 Lemmon St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11. 1883

Undertaker, H. W. Jenkins Son

Place of Business, Park & Saratoga

H. Mickley M. D.,
Medical Attendant.

Address, 21 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible] 64982

The Special Attention of Physicians is Respectfully Invited to t[illegible] Saturday of each week [illegible] Disease on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 64982 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Ellen Robinson

[illegible] {Question in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wicomico Co Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 32 E Eager St.

Cause of Death, First, (Primary,) Puerperal Fever.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 15 Days.

All the above information should be furnished by the Physician.

Place of Burial Wicomico Co Md.

Date of Burial March 10 1883

Undertaker Wm. H. Hickman

Place of Business 234 S Gay St.

Wilmer Benton M. D.,
Medical Attendant.

Address, 23½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all P...

The Special Attention of Physicians is Respectfully Invited to ... below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64983 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis H. A. S. Euden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 40 Fayette West Chapel Street

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) Paralysis Cardiac

Duration of Last Sickness, Seven (7) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 11th 1883

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave

E. Foster M. D
Medical Attendant.

Address, 40 Fayette West

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 64984

The Special Attention of ... to Laws printed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64984 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Phister

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female.

Age, 72 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} 291 S. Bond Street

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Old age

Duration of Last Sickness, One week.

All the above Information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. February 12th 1883.

Undertaker, Lenhard Veit

Place of Business, 27 S. Bond Street.

Nicholas L. Dashiell Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

for Burials, to the Office whence issued. Saturday, [illegible] No. 64983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64985 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Robats

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, One Year, & four Months, — Days,

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 5 Rose St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10th 1883

Undertaker, H. H. Birkhead Jr

Place of Business, 97 Druid Hill Ave

In a dying condition when first s[illegible]

Elias Le. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians in the City of Baltimore will please returns of all Permits for Burials, to the Office whence issued, Saturday of each week. Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 64986 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 21 Mason Alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, March 10th 1883.

Undertaker, H. H. Bishop

Place of Business, 97 Druid Hill Ave

Edmund R Walker M. D.,
Medical Attendant.

Address, 182 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

...will make returns of all Permits for Burials, to the Office whence issued Saturday of each ... 64987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64987 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Chas Cephas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baero

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 66 Monroe

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Lamel

Date of Burial, Feb 11

Undertaker; H Bishop

Place of Business,

Geo. H. Dunn M. D.
Medical Attendant.
Address, 66 Monroe St

MAR 10 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office [illegible]

No. 64988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64988 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin B. Bradley

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Retired Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Madison Co Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 253 West Fayette Ave

Cause of Death, First (Primary),

Second (Immediate). Chronic Hepatitis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 12

Undertaker C W Bryant

Place of Business, 198 Pearl ave

Alexander Tinsley M. D.
Medical Attendant.

Address, 386 West Fayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued Saturday of each week.

No. 64987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 64987 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, 9th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Cook

Sex, Male or Female, {Cross out the word not} Male

Age, 3 *Years,* *Months,* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 56 Church St.

Cause of Death, First (Primary), Diphtheria and diathesis

Second (Immediate), Exhaustion and Convulsions

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11 1883

Undertaker Ross

Place of Business, 96 Conway *Address,* 146 Hill St.

J. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits. No. 6499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6499 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrison Cromwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth} B, City

Duration of Residence in the City of Baltimore, 3/4

Place of Death, {Give street and Number.} 52 Rear alley

Cause of Death, First, (Primary) Congestion of lungs (chronic)

Second, (Immediate) Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. March 11 1883

Undertaker Hercules Ross

Place of Business, 95 Conway St

Wm. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits

No. 64991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64991 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Price

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 8 *Years,* 2 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt Co Md

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number } 8 Patapsco Ave

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11 83

Undertaker, H Ross Sr

Place of Business, 45 Conway St

Dr Tescott M. D.,
Medical Attendant.

Address, 161 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued Saturday of each week. No. 64992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64992 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 8 1883

Full Name of Deceased { Write name and parts correctly. If an Infant give names of parents. } William Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 *Years,* ..... *Months,* ..... *Days,* ✓

Color, Blk.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } St. Josephs Hospital

Cause of Death, { First, (Primary,) Acute Meningitis
Second, (Immediate,) ..... }

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, March 9

Undertaker, M Cochrane

Place of Business, ...

S. C. Hoffman M. D.,
Medical Attendant.

Address, St. Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Commissioners in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 64993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64993 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. 10

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Howe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country; and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and Number.} No 432 Park Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 11

Undertaker, Evans & Mitchell

Place of Business 570 Fayette St

[illegible] M. D.,

*Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued, Saturday ... No. 64994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64994 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Whitten

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years;* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and Number.} 44. Iron Stricken St.

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate,) Rheumatism of the Heart

Duration of Last Sickness, Instant

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Monday Mch 12th

Undertaker, D Emmy & Mitchell

Place of Business, 530 W Fayette St

Inman F Hill M. D.,
Medical Attendant.

Address, 1in Cathedral & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the Office whence issued, Saturday of each week. No. 64993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64993 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 9, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Henrietta Beelinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 8 *Months,* 6 *Days.*

Color W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and Number.} No. 652 N. Balt. Street

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Bell Point Cemetery

Date of Burial, March 11

Undertaker, W. Eilau

Place of Business, 101 Lyon Pl. *Address,* 306 N. Bond St.

Chas. W. Wolf M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper[illegible]ries in City of Baltimore will make returns of all Perm[illegible] No. 64996
to the

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64996 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness; is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1883

Full Name of Deceased {Write legibly and spell correctly. If an Infant of parents.} Marcellus Raine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 52 Months, Days,

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor Johns and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) General debility

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 12th 1883

Undertaker, Henry Scholtheis

Place of Business,

Wm Brooke Bond M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 64997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 64997

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11.30 oc Wed. March 8th. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Caroline Sperber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* Sixteen *Days.*

Color, White *Sex,* Female

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Under parental Care

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Eighteen Years & Sixteen Da

Place of Death, {Give street and number.} 23 Moyer st

Cause of Death, First (Primary,) Bright's Disease of the Kidney

Second (Immediate,) Hypertrophy of the right Heart with valvular insufficiency

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathai Cemetery

Date of Burial, March 11th

Jno Monnikes M. D.
Medical Attendant.

Undertaker, Julius Haack

Place of Business, 551 E. Fayette *Address* S. W. Cor. Calvert & Reed 26

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

make returns of all Permits for Burial Saturday of each week.

No. 64998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64998 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pat Mc Kelly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 7 West Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 22nd 1883

Undertaker Middleton Lodge

Place of Business, Daly & Eager *Address,* 11 [illegible]

Geo E Reynolds M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 64999

The Special Attention [illegible] especially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64999 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 10 *Days,*

Color, White

Married, Single, Widowed or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 69 Mulberry St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Strong delirium; a few days (9)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sunday Mch 11, 83

Undertaker, H. Cashman

Place of Business, 229 Lombard St

W. F. A. Kemp M. D.,
Medical Attendant.

Residence Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... of all Permits 6600

The Special Attention ... to Numerical Order below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66006 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1883

Full Name of Deceased, { Write legible and spell correctly. If an Infant not named, give names of parents. } Frances Johnson

Sex, ~~Male or~~ Female, { Erase the word not required in this line. }

Age, 22 *Years,* about *Months,* *Days*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country and how long in the United States, if of foreign birth. } Calvert Co. Md

Duration of Residence in the City of Baltimore, 6 years about

Place of Death, { Give street and Number. } No 9 Wilmer Alley

Cause of Death, { First, (Primary,) Pulmonary Consumption / Second, (Immediate,) do

Duration of Last Sickness, About a year, in bed since Christmas

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 11th

Undertaker, J. N. Chase

Place of Business, 70 Dolphin

Wm Tracy Thomas M.D.
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... In forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as ... the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Certificate No. 15861 — Office of Registrar of Vital Statistics, Ward 9

MAR 11 1883 — BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT — MAR 10 1883 — BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ruffell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 Years, ... Months, ... Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} 30 N. Baltimore Street

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Endo Cardilis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Cemetery in Druid Hill Park

Date of Burial, March 11th 1883

Undertaker, Henry L. Mears

Place of Business, 46 N. Gay St

Medical Attendant, Samuel E. Dimitt M. D.

Address, 294 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate stating as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

97

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. MAR 12 1883 MAR 12 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Harry G. Shriver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 Years, 5 Months, 23 Days

Color, W. Sex,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 32 Cathedral St Balto

Cause of Death, {First (Primary,) / Second (Immediate,)} Acute Gastritis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th March 1883.

{Undertaker, H. W. Jenkins & Sons / Place of Business, Park & Saratoga Sts.} Address

F. T. Miles M. D.
Medical Attendant

28 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65003 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as correct as, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or be prosecuted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 10 1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hovey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* three *Months,* 8 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, three years & days

Place of Death, {Give street and Number.} 131 Sahara Ann St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, March 11 1883

Undertaker, A Rose

Place of Business, 93 Lanvale

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 6500 A. Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Repp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 298 S. Bond St.

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, S. Petrus Comatorio

Date of Burial, February 11th 1883.

Undertaker Leonhard Peurz

Place of Business, 277 S. Broadway

John H. Kelberger M. D.
Medical Attendant.

Address, 2432 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65005 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10th 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Hyebner

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and Number.} #198 E Baltimore St

Cause of Death, First, (Primary,) Acute Delirium

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, 12 March 1883

Undertaker, John C. Schaub

Place of Business, 265 Mercer

A. B. Shuford M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Law of Births and Deaths on this Certificate.

10 **Board of Health, City of Baltimore,** 65096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Wardell

~~Boy, Male or Female,~~ { cross out the word not required in this line. }

Age, About 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Not Known

Occupation, Bar Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, { Give street and number } Lexington St = 167 =

Cause of Death, { First, (Primary.) Consumption

{ Second, (Immediate.)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 11th 1883

James R. Leckey M. D.
Medical Attendant.

Undertaker, STEWART & BROWN,

Place of Business, UNDERTAKERS, 55 Park Ave,

Address, 182 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TURN OVER.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 45097 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 16 Edmondson Ave

Cause of Death, First, (Primary,) Peritonitis following Diphtheria

Second, (Immediate,)

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Levond Cemetery

Date of Burial, March 11 1883

Undertaker, William Bowers

Place of Business, No 61 East St

D. M. Cattell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 65708 *Office of Registrar of Vital Statistics,* Wed 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit to a Burial can be Obtained without a Proper Certificate.

MAR 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Snow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} /

Age, 22 *Years,* 5 *Months,* / *Days,*

Color, White /

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} /

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 14 Bruce st

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, March 11 1883

Undertaker, William Mooney

Place of Business, No 615 Pratt

J. Jim Wood M. D.
Medical Attendant

Address, 332 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65009 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, March 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Gray

Sex, Male or Female, {Cross out the word not required in this line.} M

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 87 Scott

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,) Spasm

Duration of Last Sickness, One & half days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 11th 1883

Undertaker, R. B. Cook

Place of Business, No. Balto. St

H. L. Dean M.D.

Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65010 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *according to law* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 12 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of Parents.} Louisa Agnes Schoffner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 18 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 191 Pierce St.

Cause of Death, First, (Primary,) Tubercular Meningitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 11th 1883

Undertaker, Mr L. Haas

Place of Business, 317 Mulberry St.

A. Robert M. D.
Medical Attendant.

Address, 320 Cumberland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Dorsey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 76 Years, Months, Days.

Color, Dark Brown

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farm Hand

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Randallstown Baltimore Co.

Duration of Residence in the City of Baltimore, 2 1/2 Months

Place of Death, {Give street and number} "Colored Shelter" 204 N. Liddle

Cause of Death { First, (Primary.) Valvular Disease of the Heart
Second, (Immediate.) Dropsy - Asthenia.

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Randallstown Butler

Date of Burial, March 12th/83

Undertaker, Wm J. Grey

Place of Business, 45 Saulsbury St

Medical Attendant, Jno Dickson M.D.

Address, 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his [illegible] furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to Items numbered below, and to Rule on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 45014 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 8 1883

Name of Deceased, { Write legibly and spell correctly. Name of parents. } Gotlieb Pillmeier

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } #101 W. Spring St

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. March 11th 1883

Undertaker, J. F. Legg

Place of Business 113 Gilmor *Address,* 2314 N. Gilmor

Geo T Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65013 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1903 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12 1903

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Edward F. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 4 *Months,* 2 0 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1012 Darkness

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Coma

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14th 1903

Undertaker, J. F. Lyons

Place of Business, 73 Jefferson *Address,* 1012 E. Preston

F. L. Preston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6504 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cole

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 63 *Years,* ~ *Months,* ~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widower~~

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and Number.} 136 Sterling St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Jeans burying

Date of Burial, March 12th 1883

Undertaker, J. F. Lockos

Place of Business, 73 Fillmore St

L. N. Hunter M. D., Medical Attendant.

Address 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

"Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and use and date of death, except in cases of births and deaths of illegitimate children. [c...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65015 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Willie W. Neal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 Gras. 44 Albemarle

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Anasarca

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 12th

Undertaker Geo Schilling

Place of Business,

G. G. Lusk M. D.
Medical Attendant.

Address, Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 15016 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of the certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or may be requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanna Mead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 11 *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give street and Number.} 3 Point Lane

Cause of Death,
First (Primary), Consumption
Second (Immediate),

Duration of Last Sickness, several yrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mach 13th

Undertaker Geo Schilling

Place of Business,

M. B. Billingslea M. D.
Medical Attendant.

Address, 25 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to

Board of Health, City of Baltimore.

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 11 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Gillooly

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 20 & Aisquith

Cause of death, First, (Primary,) .....

Second, (Immediate,) Alcoholism

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Mar 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

Edward P. McDevitt M. D.
Medical Attendant.

Address, 54 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65718 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Summers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 Years, Months, Days

Color,

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} No 14 N Ann St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 12th 1883

Wm L Russell M. D.
Medical Attendant.

Undertaker, Jno A McCoy

Place of Business, 1220 Fayette

Address, 238 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 65619 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 11 1888
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 10 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Gebel

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 38 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 146 Canton St

Cause of Death, First (Primary),

Second (Immediate), Cirrhosis of the Liver

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 12

Undertaker B Hurle

Place of Business, 82 West St

Theodore Cotta M.D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65040

The Physician who attended any person in their last sickness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Cullitan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 51 Elting Ct

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Mar 12 1883

Undertaker, Joseph F. Pagano

Place of Business, 569 Lib[illegible] St

Frank L. Flannery M.D.
Medical Attendant.

Address, Cor. Wilson & Dir[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65821 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Erta

Sex, Color or Race, {Cross out the word not required in this line.}

Age, ... *Years,* 10 weeks *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 297 Central ave

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Cramps

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, March 13

Undertaker, H Sloan

Place of Business,

Geo F. Gibson M. D.
Medical Attendant.

Address, 180 Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65822 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 1 1893

Date of Death, March the 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age Years, Months, 7 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 17 Hampstead

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasume

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, March the 11th

Undertaker, Charles White

Place of Business, 35 Granby St

Wm. H. Pinson M. D
Medical Attendant.

Address, On of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

KODAK SAFETY FILM

The Special Attention of [illegible] invited to the [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65823 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 12 1883

Date of Death, March 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Kohler

Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 E Biddle St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsius Neem.

Date of Burial, March 13 1883

Undertaker, Adam Fink

Place of Business, 461 W. Fay. St.

G. F. Taylor M. D.,
Medical Attendant.

Address, 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65024 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 12 1883

Date of Death, March 9. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel S. Linthicum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* ~~~~ *Months,* 10 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Real Estate Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 14 yrs -

Place of Death, {Give street and number.} 125 N. Gilmor

Cause of death, First, (Primary,) Carcinoma (Cancer) of Breast

Second, (Immediate,) Asthenia & Hemorrhage.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mar 12th 1883

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw *Address,* 215 N. Carrollton Ave

John J. King M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [or.....

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 65025 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baby Mc Gonnel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 68 Perry St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Hydrocephalus

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th

Thomas Cook M. D.
Medical Attendant.

Undertaker Gaus & Plamann

Place of Business, 208 Shaw St *Address,* 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Special Attention of Physicians is Respectfully Invited to this Memorandum.

Board of Health, City of Baltimore,

Permit No. 65026 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lidonia Gross

Male, Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 1 *Months,* 22 *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 125 Ruter st

Cause of Death, First, (Primary,) Inflammation of the Intestines

Second, (Immediate,) Inflammation of the Bowels

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Baltimore Co

Date of Burial, March 13 J. C. Thomas M. D

Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Balto Address, 260 N. Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mable Gertrude Gohaus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* 23 *D.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 12 Stockholm St.

Cause of Death, First, (Primary.) Pneumonitis.

Second, (Immediate.) Acute Bronchitis.

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 12 1893

Undertaker, J. B. Cook

Place of Business, Balto. St

A. G. Watts. M. D.
Medical Attendant.

Address, 203 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65528 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, 11th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Goff

Sex ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 62 O'Donnell St

Cause of Death, First, (Primary,) Phthisis Pulmonal

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cemetery

Date of Burial, March 13/83

Undertaker, T S Hughes

Place of Business, 60 E Balto St

Dr. John Williams M. D.,
Medical Attendant.

Address, 53 Elliott W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 65829 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1 1893

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Marquette

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Two years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 112 Lemon St.

Cause of Death, First, (Primary,) Puerperal Septicaemia

Second, (Immediate.)

Duration of Last Sickness, This woman was delivered with forceps & labor last 5 or 6 hrs. the hand was passed into the fundus & extracted placenta.

All the above information should be furnished by the Physician.

Place of Burial H. Algiers C.

Date of Burial, March 13

Undertaker, B. Mahaly

Place of Business, 62 West St.

John Morris M.D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 65020 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, ~~Catherine Lapin~~ March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Catherine Lapin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 171 Orleans st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13/83

Undertaker, Fry & Rue

Place of Business, 81 & Broadway

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 65631 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Treedy

Sex. Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 to 70

Place of Death, {Give street and Number.} 1 East [illegible]

Cause of Death, First, (Primary,) Bronchitis Chronic [illegible] old age

Second, (Immediate,) asthenia

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 12 1883

Undertaker, Jas C Byrne

Place of Business, 63 Hanover

L Steer M. D.,
Medical Attendant.

Address, 4 [illegible] Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Brown

Age, Five *Years,* Seven *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 371 Cathedral St.

Cause of Death, {First (Primary.) Heart Disease (Mitral Regurgitation)
Second (Immediate.) Congestion Lungs

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial St Peter's Cemetery

Date of Burial March 12 1883

Undertaker, Jas C Byrne

Place of Business, 63 Thom

T. F. McCormick M.D.
Medical Attendant.

Address 454 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65733 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. L. Shepperd

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 Constitution St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, March 12th 1883 Silas H. Hunter M.D.

Medical Attendant.

Undertaker, Jas. P. Byrnes

Place of Business, Front St. Near Address 36 Covenant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65034. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 12th, 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} William Lester Jarsaint

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

1 *Years,* 7 *Months,* 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 257 S Bond St.

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Seven days

All the above information to be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, February 12th 1883

Undertaker Leonhard Kurtz

Place of Business, 227 S. Bond St.

John H. Kehlenger M. D.
Medical Attendant.

Address, 213 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Division of Labor of Certificate

Board of Health, City of Baltimore,

Permit No. 65036 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Summers

Sex, Male or ~~Female~~ {Cross out the word not required.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State of country, and how long in the United States, if of foreign birth.} do

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 242 Canton Ave

Cause of Death,
First (Primary), Internal Convulsions
Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem.

Date of Burial, March 12 1883

Undertaker Wm. Saunders & Son

Place of Business, 952 Canton Ave

John H. Pekkeige M.D.
Medical Attendant.

Address, 2438 Lucy Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

5

Board of Health, City of Baltimore,

Permit No. 66036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 12

CERTIFICATE OF DEATH

Date of Death, Mch 10. 1883

Full Name of Deceased, {Write legibly and spell out; if not named, give names of parents.} Joseph Lawrence,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 5 *Months,* 24 *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 295 Madison St.

Cause of Death, First, (Primary.) Arterial degeneration,

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Prudence Pk

Date of Burial, March 12 1883

Undertaker, Henry Foos

Place of Business, 834 W Pratt *Address,* 132 N Eutaw

Jas Chambers M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 65837 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Mahon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 8 Canton St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, March 13th 83

Undertaker, C. Franan

Place of Business, Bons & Wolf *Address,*

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 65738 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1933

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1933

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Goldenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Fell St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Paul's

Date of Burial, Feb 12

Undertaker, G. France

Place of Business,

Geo. H. Down M. D.,
Medical Attendant.

Address 20 N. Fell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth (as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65037 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 12 1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Robins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 4 Gilbert St

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 83

Undertaker, Eli Kennedy

Place of Business,

O. Edw. Janney, M. D.,
Medical Attendant.

Address, 242 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65849 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence McManus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 Years, 1 Months, 8

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} N.W. Cor Calvert Park Av. and Fayette St

Cause of Death, First, (Primary,) Acute Albuminuria

Second, (Immediate,) Anasarca Poisoning - Asthenia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 13 - 1883

Undertaker, M. A. Dugan

Place of Business, 74 S. Bway

D. L. Wilson M. D.
Medical Attendant.

Address, 74 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

13 Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 65941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Ohsarp

Sex, Male or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* [illegible]

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 275 Mulberry st

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 275 Mulberry st

Cause of Death, First, (Primary,) Malaria

Second, (Immediate,) Prostration

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 12 th 1893

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore street

Wm A. Jones M. D.
Medical Attendant.

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65842 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1883

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Mary Ellen Young

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line}

Age, 1 Years, 10 Months, 3 D

Color, ~~White~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 60 Exeter st

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 12th 1883

Undertaker, J J Cook

Place of Business, 473 Jefferson st

E. G. Baldwin M.

Medical Attendant.

Address, 124 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

18

Board of Health, City of Baltimore,

Permit No. 65843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Spangenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* 12 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 409 W Pratt st

Cause of Death, First, (Primary,) Lung apoplexy

Second, (Immediate,) Edema Glottides

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 14th 1883

Undertaker, Geo Leinbach

Place of Business, 389 W. Pratt St

Baltimore MD

Medical Attendant.

Address, 139 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65844 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th - 1893 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Charles Baumgarten.

Male

{Required in white race.}

Age, ~~Years~~, 2 *Months,* 21 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, - Life -

Place of Death, {Give Street and Number.} No 128 S. Gould st -

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, March 13th

Undertaker, Michael Smith

Place of Business, 35 Penn St.

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 4

Permit No. 6584

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A Storm

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age. 2 2 ~~Years,~~ Months, Days.

Color, White

Married, ~~Single,~~ ~~Widower~~ {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 21 S Bank St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion 18 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 13 83

Undertaker Wm. Smith

Place of Business, 33 Bank

Geo Blyndr M. D.
Medical Attendant.

Address, 171 Cleveland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ... kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6 5046 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Simpson

Sex, Race or Color, { Write out in full. } (required in this line.)

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Gardner (Park Place)

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give street and Number. } 10 Brun St

Cause of Death, First (Primary),

Second (Immediate) Heart Disease

Duration of Last Sickness, Found dead in bed at 5½ a m

All the above information should be furnished by the Physician.

Place of Burial, At Peters

Date of Burial, March 13 1883

Undertaker Matthews Sadoparn

Place of Business, 227 Milliday St

Alexander Tinsley M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 65847 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1883

Date of Death, Sunday March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 269 ½ Central Ave

Cause of Death, First, (Primary,) Congestion of Kidney with Uremia & Edema of

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, March 13 1883

Undertaker, Henry Hoen

Place of Business, 369 Eutaw St Residence, 25 ½ Greenmount ave

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64948 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G Ellis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 13 Months, Days.

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 Vincent alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Dentition

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Stuart St.

Date of Burial. March 13

Undertaker, W. Dungey

Place of Business, Address, Bd of Health

Wm. N. Dyson, M.D.
Resident Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6649. *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1883

CERTIFICATE OF DEATH.

Date of Death, March the 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 109 Moore Alley

Cause of Death, First (Primary), ...

Second (Immediate) Emanition.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March th 12th

Undertaker Mr Gray

Place of Business, Saratoga n Park

Geo W Dixon M. D
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...d of Health, City of Baltin...

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 05-016505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Woodland

Sex, Male ~~or Female~~, {cross out the word not required in this line.} ... Months, ...

Age. 6 ...

Color Dark Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} Hospital

Cause of Death { First, (Primary.) Meningitis
Second, (Immediate.) ...

Duration of last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 13

Undertaker, W H Bishop Jr

Place of Business, 57 Druid Hill Ave

John Dixon M. D.
Medical Attendant

Address, 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under ... furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ... ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 6 5 0 5 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Amelia Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation none Baltimore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Nine years & 5 mo

Place of Death, {Give street and Number.} No 47 Orpha st

Cause of Death. First (Primary), Unknown

Second (Immediate), Heart Disease

Duration of Last Sickness, one Month

the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, March 13 1883

Undertaker W. H. Bichel & Co

Place of Business, 5 Druid Hill

B. F. Bohmer M. D.
Medical Attendant.

Address, Cor Druid Hill & Dolphin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 8. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66862 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Hatty Hall

Sex, Date of Decease, {Cross out the word not required in this line.}

3 *Years* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bretto

Duration of Residence in the City of Baltimore, (21 Orchard)

Place of Death, {Give street and number.}

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Dont Know. Only saw her once

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 13. 1883

Undertaker, Robt Hennighy

Place of Business,

C Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-85-3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1883

CERTIFICATE OF DEATH.

Date of Death, March 11th 7 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz. Goetz

{Omissions supplied in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 239 Alice Anna

Cause of Death, First, (Primary,) Cerebritis

Second, (Immediate,) .....

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, March 13th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* .....

James E Donnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65887 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Mabel Follin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 10 Days 12

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C. 3 yrs 7 mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 359 Franklin St

Cause of Death, First, (Primary,) Cold

Second, (Immediate.) Croup Bronchitis. Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th 1883

Undertaker, C. Frank Loane

Place of Business, 9 Appleton St

Wm Bruner M.D.

Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65766 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Casey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widowed or Divorced, { Cross out the word not required in this line. } Married

Occupation, Washer & Ironer

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 207 Mulliken St.

Cause of Death, { First, (Primary,) Cerebral Hemorrhage. / Second, (Immediate,) Exhaustion

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1883

Undertaker, William Berger

Place of Business No 62 Saint

Geo. H. Taylor M. D.,
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 20

Permit No. 65856 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 1 1933

CERTIFICATE OF DEATH.

Date of Death, Feb 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Major Jones

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, 2 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md a

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Vincent Ave

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Debilitation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Feb 13

Undertaker, W. H. Duncan

Place of Business,

Geo. H. Dennis M. D.

Sanitary Lieutenant.

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6505 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1885

CERTIFICATE OF DEATH.

Date of Death, Baltimore, March 12. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisco Klima

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* 0 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~

Occupation, ~~[illegible]~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, {Give street and Number.} No 1 Chapel St Corner.

Cause of Death,
First, (Primary,) Variola {from vaccination}
Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, March 13 1885

B. F. Grove M. D.
Medical Attendant.

Undertaker, John Hennig.

Place of Business, 132 Orleans St *Address,* 128 Chew St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

FILM

Board of Health, City of Baltimore,

Permit No. 65738 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hillary Adley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 47 *Years,* ..... *Months,* ..... Days

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington County Md

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} 394 W Balto

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Double Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, March 13th 1883

Undertaker, Charles F Mutt

Place of Business, 35 Granby *Address,* .....

D. P. Hoffman M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth ... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t... cause and date of death, except in cases of births and deaths of illegitimate children. [over

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 65069 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1903

CERTIFICATE OF DEATH.

Date of Death, March 11/03.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Elmore.

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

At the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 12/03

Undertaker, Pat. Hunt

Place of Business, Division & Lanvale

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6066 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1883

CERTIFICATE OF DEATH.

Date of Death, March 12/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph —

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 12, 83.

Undertaker, Pat. Hunt.

Place of Business, Dinan & Hunt

R. W. Wilson M. D.
Medical Attendant.

Address, Harlem Ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65861 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarette Kevit

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 / months

Place of Death, {Give street and Number.} 28 Hanover St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus

Date of Burial, March 13th 83

Undertaker, G. France

Place of Business, Bank & Mott *Address,*

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 65062 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or account if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 13 1883 BALT.

CERTIFICATE OF DEATH.

Date of Death, Mch 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Fuettaner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 395 Register st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Mch 8

Undertaker, Torrence

Place of Business,

Jas. F. Dunn M. D.

Medical Attendant.

Address, 5N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 65063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Murry

Sex, White or Female, {cross out the word not required in this line.}

Age, 1 Years, 3 Months, Days.

Color, Colored.

Married, Single, Widow, Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 1 yr 3 mo.

Place of Death, {Give street and number} 152 Lee St,

Cause of Death { First, (Primary.) Second, (Immediate.) Scrofula

Duration of last Sickness, 4 Mo

All the above information should be furnished by the Physician.

Place of Burial Forest Cemetery

Date of Burial March. 13

{ Undertaker, Geo W. Perkins
{ Place of Business, 130 Henrietta

N. C. Lee M. D.
Medical Attendant

Address, Hanover & Bare

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases o...

Board of Health, City of Baltimore.

Permit No. 65764 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alphonsus J. Kramer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age 2 Y. 1 Months, 25 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 108 N. Calvert St

Cause of Death, First (Primary) Scarlet fever Amygdala

Second (Immediate) Hyperpiti. Uremic poisoning 4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 13th 1883

Undertaker C. F. Knause

Place of Business,

Edward P. Mudd M. D.
Medical Attendant.

Address, 54 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when any case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65063 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Birkhead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 Years, 5 Months, 13 Days

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 256 W. Pratt St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 15 March

Undertaker, John Schultheis

Place of Business, 137½ Smithery

J. Johnston M. D.
Medical Attendant.

Address, 431 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore.

Permit No. 15066 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1893

CERTIFICATE OF DEATH.

Date of Death, March 13th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Euler

Sex, Male or Female, {Cross out the word not required in this line.}

Age 2 Years 2 Months,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 63 George St

Cause of Death,

First (Primary), Diptheria

Second (Immediate), Blood poison

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14 1893 Louis (illegible) Town M. D.

Medical Attendant.

Undertaker G Haus

Place of Business, 317 Hanover, 227 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65067 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1893

CERTIFICATE OF DEATH.

Date of Death, March 12th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Ray Blanchard

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 20 *Days.*

Color, ——

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give Street and Number.} 40 Clifford Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 14

Undertaker, J. Bleach

Place of Business, ...

A. W. Hollbrun M. D.
Medical Attendant.

Address, 345 N. Fenton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65068 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in *his* last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 13 1883

Date of Death, March 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paurad Puschmitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 3 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 29 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 N. Caroline Street

Cause of death, First, (Primary,) Stricture of the oesophagus

Second, (Immediate,)

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th

Undertaker, George Schilling

Place of Business, Ashland & Lynch

Charles H. Thomas M. D.
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 65069

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 13 1883

CERTIFICATE OF DEATH.

Date of Death, March 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Burgess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* [illegible]

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} 147 Saratoga St.

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Tracheo-Bronchitis.

Duration of Last Sickness, 4 days - (Complication)

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 13th 1883

J. G. Wilkinson M.D.

Medical Attendant.

Undertaker, STEWART & BOWEN, UNDERTAKERS,

Place of Business, [illegible] Eutaw Ave.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65070 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 13 1883

Date of Death, March 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Kennedy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 Years, Months, Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Marble Polisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty three Years

Place of Death, {Give street and Number.} 187 Saratoga St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial. March 14 1883

Undertaker, Cook

Place of Business, Balto St

R. L. Ulrich M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65071 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 13 1883

Date of Death, March 12/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. L. Haney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Letter Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md St Stephens Va

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 478 E Lee Ave

Cause of Death, First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,)

Duration of Last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 14th 1883

Undertaker, Cook

Place of Business, Balto St

G. H. Innis *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

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Board of Health, City of Baltimore.

Permit No. 65072

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 13 1883

CERTIFICATE OF DEATH.

Date of Death, March 12 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Emmet Gray

Sex Male Female (Cross out the word not)

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Attorney at Law

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 500 Hanford Rd

Cause of Death, First, (Primary.) Pneumonia typhoid

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 14/83

Undertaker, Jac B. Cook

Place of Business,

F. Platt M.D.,
Medical Attendant.

Address, 1987 Hillsdale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O. McCauley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 Years, 5 Months, — Days.

Color, white

Married, Single, Widowed, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number} Myrtle Av. & Fremont st.

Cause of Death { First, (Primary,) Cancer of the Breast.
Second, (Immediate,) Hyperthermia

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 13

{ Undertaker, Martin Fahey
Place of Business, 128 Fremont st

Medical Attendant, Silas Baldwin M. D.

Address, 152 Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65074 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 13 1883

Date of Death, March 13 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* — *Months,* — *Days.* 7

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 144 S. Washington ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Croup

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Cemetery

Date of Burial, March 14. 1883

Undertaker, Wm Nicolans

Place of Business 263 Aliceanna

L O Whiteruck M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65075 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Zulick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Months, Days

~~Col.~~ Col. 1 10 hours

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 65 President st

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, March 14 1883

Undertaker, James O Byrne

Place of Business, No 63 Eastern Av

Geo L Kinnemon M.D.
Medical Attendant.

Address, 73 E Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65876 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* 4 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 60 East st

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 14 1883

Undertaker, J J Locke

Place of Business, #73 Jefferson st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65077 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 12th 1883

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} John Davenport

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age 35 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Oysterman

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, abt 12 yrs

Place of Death, {Give street and Number.} 5 Pholpot Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, abt 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13 1883

Undertaker, Chas S White

Place of Business, 85 Canton Ave

Jno F Kuhlemeier M. D.,
Medical Attendant.

Address, East Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65078 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hoffer

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, ~~White~~

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Tyrone Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 45 Gardner St

Cause of Death, First, (Primary,) Chr Alcoholism

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 15th 1883

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Ave

Edwd. D. Coulyn M. D.
Medical Attendant.

Address, 244 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65079 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 14 1883

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Biggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* 16 *Days.*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~74 N. Wolf St~~ Balto City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 74 N. Wolf St.

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Convulsions

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, March 14 1883 T. A Sloan M. D.

Undertaker, H. Tolson and Medical Attendant.

Place of Business, 63 N. Eden St. *Address,* 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 61280 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Mrs Annie Herold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, { Give street and Number. } 153 E. Fayette St. Cor Central Ave.

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,) Brain Trouble

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial Mt. Olivet Cemetery

Date of Burial, 14 March 1883

Undertaker, Henry Heyman

Place of Business, 13 N. Eutaw St.

H. A. Tauer M. D

Medical Attendant.

Address, 105 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

Permit No 650 84 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Bishop

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color [illegible]

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 72 Aisquith St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 83

M. D.

Medical Attendant.

Undertaker Wm Hemsley

Place of Business, 116 Orchard St *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65082 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Nelson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *D.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Leverpool England

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 65 E. Biddle St

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate,) Acute Bronchitis

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 15th 83

Undertaker, Fry & Sys

Place of Business, 47 N. Gay

Wm. L. Russell *M.D.*
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65083 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 12 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Cullinane

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 13 Years 9 *Months,* *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 13 Conway

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery.

Date of Burial, March 14th

D. Shipley M. D.
Medical Attendant.

Undertaker, F. N. Todd

Place of Business, 131 Hanover

Address, Sharp near Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65084 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1903

CERTIFICATE OF DEATH.

Date of Death, Monday March 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Caroline Ergood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 232 E Fayette St

Cause of Death, First, (Primary,) Gravel with Granular Nephritis

Second, (Immediate,) Uremia

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania R R Co

Date of Burial, March 16th 1883

Undertaker, Thos J Hughes

Place of Business, 611 E Baltimore

Wilmer Tomlow M. D.
Medical Attendant.

Address, 251 Government Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 65086 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 14 1883

Date of Death, 13th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* 5 *Months,* *Days*

Color, Colored

~~Married, Single~~, Widow or Widower {Cross out the word not} Single

Occupation Nursing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 164 S. Howard St

Cause of Death, First (Primary), Meningitis et diatheseis

Second (Immediate), Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1883

Undertaker H Ross & Co

Place of Business, 95 Lombard St

J. D. Hyde M. D

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 65086 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 14th, 1883

Full Name of Deceased, {correctly and spell correctly. If an infant not named, give names of parents.} Josefa Zegelski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Year, *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 320 Alice Anna St

Cause of Death, First (Primary), Malaria

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, M. O'Connell's

Date of Burial, 14 March

Undertaker Wm Diffel

Place of Business, 151 E Baltimore St

John H Rehberger M. D.
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6587. *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilley Walter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 7 S Front St

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial [redacted] County

Date of Burial, March 14th 1883

Attended M. D.

Medical Attendant.

Undertaker Jno McGinnis

Place of Business 19 Bowman St *Address,* 11 S Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6 5086 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Hook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and Number.} 644 W Lombard st

Cause of Death, First, (Primary,) Accident

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Mch 15/83

Undertaker, J. B. Cook

Place of Business, Balto St

James Bosley M. D.,
Medical Attendant.

Address, 317 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65087 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 209 Fort Ave

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 14

Undertaker, B. Hinds

Place of Business, 82 West St.

L Blacetti M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *Be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [cv...

Board of Health, City of Baltimore,

Permit No. 65878 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 14 1883

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington City. D.C.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} N. 45 Cor of Biddle & Calvert Sts

Cause of Death, First, (Primary,) Injuries Sustained by falling

Second, (Immediate,) from third story while at work

Duration of Last Sickness, 30 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt Washington

Date of Burial, March 14 /

Undertaker, P. Meade

Place of Business, 42 West St

H. G. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6091 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Muschall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 7 *Months,* [illegible] *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 30 Liberty alley

Cause of Death, First, (Primary,) [illegible]
Second, (Immediate,) Marasmus

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Hattem M. D.
Medical Attendant.

Address, 21 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65892 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 41 N. Chapel near Eager

Cause of Death, First, (Primary,) Small-pox

Second, (Immediate,)

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 14 1883

Undertaker William H. Singer

Place of Business, 62 East Pratt

E. B. Fenby M. D.
Medical Attendant.

Address, Cor Eden & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention ... Certificate

Board of Health, City of Baltimore,

Permit No. 6609 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 14 1883

Date of Death, March 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Cohson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation Stevedore

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and Number.} 158 S. Reg.

Cause of Death, First (Primary), Inan. Dys

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 14th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

K SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6587 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Randolph R. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age 1 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 30 Bridge

Cause of Death, First (Primary), Diphtheritic

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 14

Undertaker B. H. Earle

Place of Business, 82 West St., *Address,* 1464 Hanover St

C. Heuisler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65895 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 14 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd N Leach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* 14 *Days,* 7

Color, white

Married, Single, Widow or Widower, {required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} — St Marys Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Woodward Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 14th 1883

Undertaker, Armstrong & Lemmy

Place of Business, 269 Light

Jno D Blake M. D.,
Medical Attendant.

Address, 168 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65096 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Liebschoefer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~~Life~~

Place of Death, {Give street and Number.} 284 S. Dallas St.

Cause of Death,
First (Primary), Croup
Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mayer's Cemetary

Date of Burial, March 17 83

Undertaker Michael Heath

Place of Business, 35 Bank St.

R W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65097 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 14 1883

Date of Death, March 10 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. P. Hilliard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age 19 *Years* *Months,*

Color, White

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} St. Joseph's Hosp.

Cause of Death, First, (Primary,) Enteritis Acute

Second, (Immediate,)

Duration of Last Sickness, 8

All the above information should be furnished by the Physician.

Place of Burial, E.P.

Date of Burial, Feb 14

Undertaker, Wm Coleman

Place of Business,

S. M. Gaylord Gorman M. D.
Medical Attendant.

Address, St Joseph's Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65078 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Tomkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ger

Date of Burial, Feb 14

Undertaker, Wm Coleman

Place of Business,

Chas H. Timm M. D.

Medical Attendant.

Address, Bon Secours

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6809 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1863

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Geo & Kate Rhein

Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... Years, ... Months, 12

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 202 Sterling St

Cause of Death, First (Primary), Convulsions

Second (Immediate) .....

Duration of Last Sickness, 12 Hours

The above information should be furnished by the Physician.

Place of Burial, H. R. Cross Cem

Date of Burial, March 15th 1863

Undertaker C. H. Blizzard

Place of Business, ... Address, Geo W. Dudrow M. D. Medical Attendant

Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65700 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March the 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Anna Wenzel

Sex, Male or Female, {Cross out the word not required in this line.} F

Yrs. Months, 7 weeks Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 66 Central av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasm

Duration of Last Sickness, about 10 hours

At the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March the 15th

Undertaker, Fredrick Gaetz

Place of Business, 29 S. Caroline st.

Geo. W. Simms M. D.,
Medical Attendant.

Address 66 Central av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65101 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 14 1883

Date of Death, March 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 4 *Months*, ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Accustomed to Opium - Died when withdrawn

Second, (Immediate,)

Duration of Last Sickness, 4 days in Asylum.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 15/83.

Undertaker, Pat. Hearn

Place of Business, Division & Fayette

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65102 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14/83.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Gerran.

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 2 11 Days.

Color, W

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. } V

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, march 15/83

Undertaker, Pat. Hunt

Place of Business, Irwin & Hammond

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 65103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give surname.} Michael Courtney

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 1/2 *Months,* ____ *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 9 Woodyear Pl

Cause of Death {First, (Primary.)} Diphtheria

{Second, (Immediate.)} Exhaustion

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, March 1883

Undertaker, James O Byrne

Place of Business, W 63 N Frnt St

Frank J. Flannery M. D.
Medical Attendant.

Address, Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65184. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Martha Sinjate

{ Cross out the word not }

Age, 84 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } unknown

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 37 Harmony Lane

Cause of Death, First (Primary), Chronic Bronchial Catarrh

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 15th

Undertaker Wm J. Tichner

Place of Business, 65 S. Eutaw St *Address,* 283 W. Lombard

Edwd L. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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Board of Health, City of Baltimore,

Permit No. 66105

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Napoleon Soyd

Sex. Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Railroad Employee

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 644 Druid Hill Avenue

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Private

Date of Burial, March 16th 1883

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St. *Address,* 865 Druid Hill Ave

Chas E Tadlock M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65706 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 761 West Lombard St

Cause of Death, First, (Primary,) Catarrhal Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days

*All the above information should be furnished by the Physician.

Place of Burial, Prospect Pt

Date of Burial, March 15

Undertaker, E. H. Price

Place of Business,

Dr. A. Bell M. D.
Medical Attendant.

Address, 161 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6570 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 14 1883

CERTIFICATE OF DEATH.

Date of Death, March 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 Y. *Years,* — *Months,* — *Days.*

Color, W.

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Yrs.

Place of Death, {Give street and Number.} No. 172 Sarah Ann Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 15th 1883

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

Chas. M. Nagle M. D.
Medical Attendant.

Address, 736 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 65108

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH

Date of Death, March 14, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Rickert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Washington & Chase Sts

Cause of Death, First, (Primary.) Small pox

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Co.

Date of Burial, March 16th

Undertaker, H. & P. Bondurant

Place of Business, 266 N Bond & John Road 1650

J. W. Hawkins M.D.,
Medical Attendant.

Address, 33 N Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6610 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 15 1883

Date of Death, March 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Machen

Sex; ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color,

Married, Single, Widowed, (Cross out the words not required.)

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 408 N. Calhoun St.

Cause of Death, First, (Primary;)

Second, (Immediate,) Disease of Heart. (Hypertrophy)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch. 16' 1883

Undertaker, Cook

Place of Business, Balto. St

W. C. Cuddy. M. D.
Medical Attendant.

Address, 187 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 65110 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Benson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 55 Oxford St

Cause of death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 15 1883

Undertaker, J. McClaran

Place of Business, 10th Laurel

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66111 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, C

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 124 Mayfield St

Cause of Death, First, (Primary,)

Second, (Immediate,) Decay of Nature

Duration of Last Sickness, Gift nun ks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 17 1883

Undertaker, S McClasse

Place of Business, [illegible]

J Latimer M. D.,
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6512 — *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dilghman Garfield Gent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2½ *Years,* *Months,* *Days.*

Color W

Married, Single, Widow or Widower, {Cross out the word not required.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 281 W Eutaw St

Cause of death, First, (Primary,) Pertussis

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Mar. 17. 83

Undertaker, Alf Hemsley

Place of Business,

R. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 6513

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 15 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Hunty Years

Place of Death, {Give street and number.} 69 Hillman St

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, March 15 1883

Undertaker, Wm. H. Dwyer

Place of Business, 62 East st

J. Schneider M.D.,
Medical Attendant.

Address, 132 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Permit No. 6511

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Bryne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 Years ... Months, ... Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Month

Place of Death, {Give street and number.} 63, Chesnut St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15 1883

Undertaker, William M Durgee

Place of Business, 62 East St

Sam'l J Polk M.D.,
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65-116 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 14 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank M. Hoffmeier

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 21 *Years,* ..... *Months,* ..... *Days,*

21 y.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, laborer

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Baltor. City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} 39. E. Biddle st.

Cause of Death, First, (Primary,) pulmonary tuberculosis

Second, (Immediate,) .....

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olives

Date of Burial, March 16 1883

Undertaker, Henry Hoerle

Place of Business, 602 N Gilmor st

P. L. Dawson M.D.
Medical Attendant.

Address, 39 E. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 6516 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tchyzinska, Josepha

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* — *Days.*

Color, Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoe maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 47 Parkin St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) about 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 15th 1883

Undertaker, Geo. Leimbach

Place of Business, 387 W. Pratt St

T. S. Bell M. D.
Medical Attendant.

Coroner

Address, 161 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6617 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Parker Stanton,

Sex, Male or Female, {Cross out the word not required in this line.}

Color, White

Years, 6 *Months,* 7 *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 229 Eighth st

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Mar 15th 1883

Undertaker, E. Greene

Place of Business,

J. H. Emmey M. D.,
Medical Attendant.

Address, 26 Stark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 65718. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Schimmimper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.} Child

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 177 E. Lombard St

Cause of Death, First (Primary),

Second (Immediate) Scarlet Fever

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mayo's Cemetary

Date of Burial, March 15 1883

Undertaker Medical Dept.

Place of Business, 25 Bank St

Abr. Sherfey M. D.
Medical Attendant.

Address, 11 E. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6519 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Leonard Hamm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— Years, 6 Months, ——— Days,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

(Sister or consort, and now) see Office

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 395 Allegany St

Cause of Death, First, (Primary,) Congestion Malarial

Second, (Immediate,) Spasms

Duration of Last Sickness, Sidney

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, March 15th 1883

Undertaker, Leonard Veirs

Place of Business, 272 S Bond St

J E Richard M. D.
Medical Attendant.

Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-120 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cobell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

11 *Years,* 6 *Months,* *Days.*

Color, White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 186 Mosher St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 15th 1883

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont Address 270 Washington Ave

John L. G. Hoge M. D.,
" "
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6512 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 15 1883

Date of Death, Mch 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Snoverlein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Place of Birth, {State or country, and now long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Ohio Rd. — City

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 0

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, Mch 15

Undertaker, Geo. F. Dimm M. D.

Place of Business, Address, Com of Health

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65722 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonzo Carroll

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Waiter.

Birthplace, {State if born country, and now long in the United States, if of foreign birth.} Brazil.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 28 Baltimore St.

Cause of Death, First, (Primary,) Cancer in Groin

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 15th 1883

Undertaker, M J Jordan

Place of Business, 63 Park Ave

Alex P Smith M. D.,
Medical Attendant

Address, 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 65123 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 15 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. L. Webb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Laceration of Kidney

Second (Immediate), Suppurative Inflammation

Duration of Last Sickness. 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 16

Undertaker A. Ross

Place of Business,

H. R. Clark M.D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Board of Health, City of Baltimore,

Permit No. 66724

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH

Date of Death, 3-13-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Cross out the word not required.} Leo Schultz

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3yrs

Place of Death, {Give street and number.} 7 Rock St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Scott House

Date of Burial, March 16th

Undertaker, Geo Safford

Place of Business, 124 Penn Ave

L. L. Dietrich M.D.
Medical Attendant.

467 W. Fayette Address,

Received

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65126 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, 13th March. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Napoleon Campen.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age Sixty two (62) Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plane-Maker.

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give street and Number.} No 610. Laying ton Street. Baltimore.

Cause of Death, First, (Primary,) Tuberculosis.

Second, (Immediate,) Pulmonary Tuberculosis -

Duration of Last Sickness, about five (5) years -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, March 15th 1883

W. C. van Bibber M. D.
Medical Attendant.

Undertaker, Fenny & Mitchell

Place of Business, 530 W Fayette Address, 47 Franklin St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66726 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1893

CERTIFICATE OF DEATH.

Date of Death, March 14th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } — Kraus

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 208 N Eden al

Cause of Death,
First (Primary), ...
Second (Immediate), Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bacon

Date of Burial, Feb 15

Undertaker Geo Schulting

Place of Business, 8

W B Billmeyer M.D.
Medical Attendant.

Address, 256 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6527 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 11

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas E Thomas

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 12 Peach alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, W C

Date of Burial, Feb 11

Undertaker, Flenniken

Place of Business,

Geo. H. Denson M. D.
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordained and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6572 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Lawrence

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower {Cross out the word not.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 250 Cross St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Shingles

Herpes Zoster

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, Jan 31

Undertaker, F Kershner

Place of Business,

Geo. H. Dinsmore M. D.

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65729 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days*

Color, C. A.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country, and how long in the United States, if of foreign birth.} Wales

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45-5 N Parish alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pr. G

Date of Burial, Mch 11

Undertaker, A Kerdiman

Place of Business,

Geo H. Gwynn M. D

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 65130 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ryle

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 81 *Years,* ..... *Months,* ..... *Days,* .....

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ~~Stone~~ Stone Polisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 year

Place of Death, {Give street and Number.} 81 Canton St. Canton. Balt. Md.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cystitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Mar. 16. 1883

Undertaker, M. A. Daigu

Place of Business, 74 St Bury

E. Jones Williams M.D.

Medical Attendant

Address, 823 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65131 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and Number.} 70 Hanover Space

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Spasms

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Feb 16

Undertaker, J. C. Byrnes

Place of Business, ____

Jno. F. Dixon M. D.
Medical Attendant.

Address, 80 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

18[illegible]3

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th March at 8, A.M.,

Full Name of Deceased, { Write legibly and spell correctly. If all names not named, give names of parents. } E. Wade

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, [illegible] Years [illegible] Months, [illegible] Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } /

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 210 E Fayette Court

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate,) Inflammation of Lungs

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st. cemetery

Date of Burial, March 15th 1863.

C. C. Richardson M.D.
Medical Attendant

Undertaker, Wm. A. Bunger

Place of Business, 62 East st.

Address, Lombard & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

[illegible] J. C. INGRAM & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65133 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Turnbull White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,*

Color White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 179 Bank st

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 16th '83

Undertaker, G. France

Place of Business, Bank & Wolf *Address,* 22 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65134 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Creswell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 30 *Years,* ..... *Months,* ..... Days

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and Number.} No 65. S. Collington Ave

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Marys Co. Md

Date of Burial, March 17, 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65135 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel R Younger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {required in this line.} Married

Occupation, Lumber Inspector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md.

Duration of Residence in the City of Baltimore, 58 years

Place of Death, {Give street and Number.} 21 S. Bond st

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,)

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 16 1883

Undertaker, M. A. Bacon

Place of Business, 74 S. Bond

R O Weisenmiller M. D., Medical Attendant.

Address, 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65736 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Holt.

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 43 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and Number.} 501 N. Fremont St.

Cause of Death, First, (Primary,) Scirrhous Carcinoma (abdominal)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, West Minster

Date of Burial, March 16

Undertaker, B. Hardy

Place of Business, 82 West Pl

D. Ruckert M. D.
Medical Attendant.

Address, 532 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

...ers to Physicians below, and to List of Diseases on back ...

13

Board of Health, City of Baltimore,

Permit No. 65737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — Years, Four Months, — Days

Color, Colored Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} #3 Arch Street

Cause of Death, First (Primary,) Blood Poisoning

Second (Immediate,) Result of Vaccination

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Grand Army Lot

Date of Burial, March 16th 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard St

T. E. Kirby — Medical Attendant

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65198 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Henry Temple Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 127 Eastern ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Colic

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Mch 16th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette st *Address,*

R H Temple M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66139 *Office of Registrar of Vital Statistics,* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mc Cl A. C. Hodgdon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Two *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and Number.} 165 E Edmondson Ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 16th 1883

Undertaker, Emory & Mitchell

Place of Business, 500 Fayette *Address,* 262 Madison Ave

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 65140 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 16 1883

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hebden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy One *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 414 W. Lombard & Pattie's

Cause of Death, First, (Primary,)

Second, (Immediate,) Catarrhal Pneumonia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, March 17th 1883

Undertaker, Henry Mitchell

Place of Business, 530 W Fayette St

B. F. Phillips M. D

Medical Attendant.

Address, 327 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over}

Board of Health, City of Baltimore.

Permit No. 66741 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Jacobson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower {Cross out the word not} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 158 D. Regis[illegible]

Cause of Death,
First (Primary), Spasm Pap
Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66142 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Battersby Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

10 Years 2 Months 23 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 54 Summerset St

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 17th

Undertaker, George Schilling

Place of Business, Ashland & Lyman

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 66143 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, Mch. 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Winton Hone

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 3 *Months,* 8 *Days,* 14

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 408 N. Eden St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Effusion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 17th

Undertaker, Geo Schilling

Place of Business,

Geo L Hartman M. D.
Medical Attendant.

Address, 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-744 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Ellen Gernert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 Years, 2 Months, 18 Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Burrough St

Cause of Death,
First (Primary),
Second (Immediate), Enteritis

Duration of Last Sickness, 1 Week

the above information should be furnished by the Physician.

Place of Burial, Lawerton Brook C.

Date of Burial, March 18

Undertaker B. Hearle

Place of Business, 82 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

Permit No. 65-145 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liliana Josephine Hage

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 Y. 11 Months 1 D.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 564 Hanover St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Marys

Date of Burial, Marg 17

Undertaker, P Harle.

Place of Business, West St

Brotherhead M.D.
Medical Attendant.

Address, 287 W. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel V. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Over 4 Years, Months, Days,

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 366 Aisquith Street.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) (Bilbonia)

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 17th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount ave

Benj. A. Colwell, M.D.
Medical Attendant

Address 348 Hanford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 63147 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Hannum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 Months ____ *Days*

Color W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 56 Vine St

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 17

Undertaker, W. H. Duffee

Place of Business,

Geo. N. Benson M. D.
Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

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Board of Health, City of Baltimore.

Permit No. 65728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 15th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, Abt 9 hrs

Place of Death, {Give street and number.} Farmers at Mrs Ann Jos

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Eclampsia

Duration of Last Sickness, abt 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Delaware City, Del.

Date of Burial, March 17, 1883

Undertaker, M. A. Daugherty

Place of Business, 743 Bway,

[redacted] M.D.,

Medical Attendant.

Address, 143 St Chas

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65-149 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 16 1883

Date of Death, March 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McAlister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Since 4 years old

Place of Death, {Give street and Number.} S. W. cor Fawn & Albemarle

Cause of Death, First, (Primary,) Disease of Heart

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 17 1883

Undertaker, Thos P Hughes

Place of Business, 66 E Baltimore

Wm H Stiffenderffer M. D.,
Medical Attendant.

Address, Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65168 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Stella Blanton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} /

Age, One *Years,* ~~years~~ *Months,* ~~Days~~

Color, White

Married, Single, Widow or Widower {Cross out the word not} /

Occupation, —

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto Md - Canton & Bond st

Duration of Residence in the City of Baltimore, 1 Yr 9 months

Place of Death, {Give street and Number.} 82 E Fayette st

Cause of Death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lt Vincent Cemy

Date of Burial, March 17 1883

Undertaker, Jas P Byrne

Place of Business, Front st

J. E. Gorsuch M. D.
Medical Attendant.

Address, 82 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65161 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver C. Hickman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 8 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 546 Cross

Cause of Death, First, (Primary,) Injuries to head

Second, (Immediate,) Tetanus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 17 1883

Undertaker, Wm H Hickman

Place of Business, 237 N Gay St

Geo S Black M. D., Medical Attendant.

Address, 168 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65752 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, March 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Moore

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 75 N. Eden st

Cause of Death,
First, (Primary,) .....
Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 17th 1883

Undertaker, Jos. Lachman

Place of Business, 69 N. Eden St.

Geo. H. ..... M. D.,
Medical Attendant.

Address, 134 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 16 1883

Date of Death, March 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Cary

Sex, ~~Male or Female~~, {cross out the word not required in this line.} ✓

64 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number} Aberdeen St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 17

Undertaker, C. H. Blizzard

Place of Business, 1280 Ln

Robt Means M. D.
Medical Attendant.

Address, 654 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Board of Health, City of Baltimore,

Permit No. 65154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 16 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 16 – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Henry Head

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 Years, 11 Months, D

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 236 Linden Ave

Cause of Death, First (Primary,) Bright's Disease of Kidney

Second (Immediate,) Uraemia

Duration of Last Sickness, Six (6) hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th March 1883

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts.

C. F. Brune M. D.

Medical Attendant

Address Linden Ave & Laurel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65163 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 16 1883

CERTIFICATE OF DEATH.

Date of Death, Thursday March 15th 1883 — 4 o'clk A.M.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kemp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty-one Years, two Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 207 Edmondson Avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 17. 1883. Wm Jackson Evans M.D.

Undertaker, M. A. Dargen Medical Attendant.

Place of Business, No. 74. S. Broadway, *Address,* 149 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6736 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorcha Lupto

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty One

Place of Death, {Give street and Number.} 33 Shakispeare St,

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18. 1883

Undertaker Wm. Saunders & Son

Place of Business, 252 Eastern *Address,* 11 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6757 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Alfred Wilson

Male or Female, {Cross out the word not required in this line.}

Age, One (1) *Years,* two (2) *Months,* Six (6) *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 78 Chestnut st

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St [redacted]

Date of Burial, Mch 16

Undertaker, Morgan & Ege

Place of Business,

E C Baldwin M. D.
Medical Attendant.

Address, 124 Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65157 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 83 *Years,* *Months,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number.} 10 Douglas St

Cause of Death, First (Primary,) Brights

Second (Immediate,) "

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 17 1883

Undertaker, W. H. Miller

Place of Business, 5 Saratoga

Richd S. Appleton
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 68759 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 131 S. Chapel

Cause of Death, First, (Primary,) Valvular Heart Disease

Second, (Immediate,) .....

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 17 '83

James E Donnelly M. D.
Medical Attendant.

Undertaker, G. Franz

Place of Business, Bonk & Wolf *Address,* 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 66160 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Manns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months* 2 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 202 N. Eden St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Bronchial Catarrh

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 17

Undertaker Geo Schluraff

Place of Business, ____ Address, ____

Jno. Brooke Boyle *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65761 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 17 1883

Date of Death, March 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lemmell Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 14 Baldow alley

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions,

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1883

Undertaker, H. A. Bishop Jr

Place of Business, 97 S. Frederick Ave

O. Edw. Janney M. D.,
Medical Attendant.

Address, 212 W. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65762 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, March 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brother's name Sally White

Sex, Male Female {Cross out the word not required.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 7 Upton St.

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1883

Undertaker W. H. Bishop Jr.

Place of Business, 2 Druid Hill Ave

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65163 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Griffith

~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ ~~Days,~~

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 105 Pratt St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 17 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

C. Rob. Coltman M. D.,
Medical Attendant.

Address, 343 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65164 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 16th 1883.

Full Name of Deceased, {Write both name and all correctly. If an Infant not named, give names of parents.} James E Bates

Sex, Male or Female, {Cross out the word not required in this line.}

47 Years Months Days

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Physician

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 175 St Paul St.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Cardiac Complications

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial. March 18th 83

Undertaker,

Place of Business,

Hoar Smith, M. D.,
Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65164 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1883

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Millard E. Horton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number} 80 E. Fayette

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Lauriel Park Cemetery

Date of Burial, March 18 1883

Undertaker Wm H. Hechman

Place of Business, 234 N. Gay St.

M. B. Billingslea M. D.
Medical Attendant.

Address, 256 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

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Board of Health, City of Baltimore,

Permit No. 65166

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Coleman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 Years, ~~Months~~ ~~Days~~

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Cohen Al.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.)

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18th 1883

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Lewis G. Gay, M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65767 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 14. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marcus L Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 25 *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Rice St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Moriah Cemetery

Date of Burial, March 17 1883

Undertaker, Wilson & Monroe

Place of Business, No 6 East Pratt

Jno. J. King, *M. D.,*
Medical Attendant.

Address, 215 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 65768

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH

Date of Death, March 16 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Barbee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {~~Cross out the word not~~ required in this line.}

Occupation, Fisherman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 157 Battery Ave

Cause of Death, First, (Primary.) Exposure

Second, (Immediate.)

Duration of Last Sickness, 10 day

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 17 1883

Undertaker, Armstrong & Denny

Place of Business, 266 Light St

Geo. H. Dunbar M.D.,
Medical Attendant.

Address, 1 N Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65769 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained Without a Proper Certificate.

SEP MAR 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Corrigan

Sex, Male or Female, {Cross out the word not required in this line.}

7 Years, 7 Months,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 320 S Charles

Cause of Death, First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Dropsy & Odema of the Lungs

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18/1883

Undertaker, Annetta Penny

Place of Business, 263 Light St

Wm Cross Keech M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65770 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 17 1888

CERTIFICATE OF DEATH.

Date of Death, March 15th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Frye

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 111 Wilkins Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bapt. St. Cem.

Date of Burial, March 17 1888

Undertaker, V. L. Ross

Place of Business, 94 Conway

Medical Attendant, [illegible] M. D.

Address, 1518 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6577 — *Office of Registrar of Vital Statistics.* — Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hermann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 11 *Days.*

~~Color,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Lemmon Alley above Payson St

Cause of death, First, (Primary,) (Don't Know didn't see the child it was dying

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 D/S

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, The 18th of March

Undertaker, John P. Paulus

Place of Business, No 66 Fred. Ave

C. C. McDonell M. D.,
Medical Attendant.

Address, 642 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6572 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Friese

Sex, Male or Female, {Cross out the word not required in this line.}

Age — Years 5 Months — Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 52 Hanover St

Cause of Death, First (Primary), Diphtheritic Croup.

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, March 16 83

John H Kelbaugh M. D.
Medical Attendant.

Undertaker G. Franz

Place of Business, Franz & Metz *Address,* 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 6513 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1883

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Smith

{Cross out the word not}

Age, 71 *Years,* *Months,* *Days.*

Color, col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Gardner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} Little Mc Edry st No 67

Cause of Death, First, (Primary,) Anasarca

Second, (Immediate,) Concussion (of Brain)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, March 17th 1883

Undertaker, John J Andrews

Place of Business, No 45 E Druid Hill Ave

E. A. Baldwin M. D

Medical Attendant.

Address, 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65774 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEATH MAR 17 1883

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry James Miller

Sex, Male or Female, {Cross out the word not to}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 117 Miller St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Gastritis

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18 83

Undertaker, John Lake

Place of Business, 166 E Balto st

Address, ...

Dr. [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 65176 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, 3.16.83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hy H. Ebaugh

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } M

Occupation, Segar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and Number. } 192 Mulberry

Cause of Death, { First, (Primary,) Consumption / Second, (Immediate,) .....

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 18th 83

Undertaker Mr Cadogan

Place of Business, 227 Baltimore

Wm Buchanan M. D.
Medical Attendant

Address, 814 Pierce

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6516 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H Sullivan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Saloon

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and Number.} 644 Hanford ave

Cause of Death, First (Primary),

Second (Immediate) Pleuro pneumonia. Angina pectoris

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sunday March 18th

Undertaker John Andrews

Place of Business, 4 Druid Hill ave

Geo E Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca L. Rawlins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ Years, 19 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or country. (And how long in the United States, if of foreign birth.} Penn Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 84½ N. Green

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Cerebral Diphtheria

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 18th 1888

Undertaker, J. B. Cook

Place of Business, Balto St. Address, 36 N. Eutaw

J. E. Clagett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65778 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th March, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson Lewis

Age, 79 *Years,* 7 *Months,* four *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and Number.} 45 S. Gilmor st.

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate.) Dr Grey

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 18th 1883

Undertaker, J. B. Cook

Place of Business, Balto St. *Address,* 322 Hollins st.

John Hood M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65179 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1883

Date of Death, March 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helen Gossett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 108 Argyle av

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 18

Undertaker, C W Blizzard

Place of Business, 198 Pen

J. W. C. Eudy M. D.
Medical Attendant.

Address, 137 N. Carrollton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert R Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 14 *Months,* *Days.*

Color, *Sex,* Male

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, [illegible] St. & No. [illegible]

Place of Death, {Give street and number.} 4 Stricker St. No 388

Cause of Death, {First (Primary,) Teething & Scarlet Fever

Second (Immediate,) Loss of Strength

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 18

Undertaker, C W Blizzard *Address*

Place of Business, 198 Penn

L C Spamer M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65781 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1883

Date of Death, 17th March 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Henson

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, ~~—~~ *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 21 Rotunda

Cause of Death, { First, (Primary,) Second, (Immediate,) } Bronchitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, March 17th 1883

Undertaker, H a Faust

Place of Business, 745 Broadway

E. Williams M. D.,
Medical Attendant.

Address, 53 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No 65182 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabriel Flannigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 283 Bateny Ave

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters City

Date of Burial. March 18

Undertaker, B. Hurle

Place of Business, 82 West St

Rowland Coale M. D.
Medical Attendant.

Address, 106 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65782 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1883

Date of Death, March 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magee Kenneally

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 5 *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 264 Hanover St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 17 March

Undertaker, B Hurle.

Place of Business, West 82,

Jno Leech M. D.,
Medical Attendant.

Address, 28 W. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, 15 March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry G. Working

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 2a *Years,* 8 *Months,* — *Days*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Printer.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} B. C.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 276 Mulberry St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 18th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont

79 F. Leonard M.D.
Medical Attendant.

Address, 24 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6715 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hynes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 40-9 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, none

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 S Greene St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) From representations made by Jno S. Macher the undertaker it appears the death was sudden and was due to Natural causes - Don't know how long she was sick.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 20th 1883

Undertaker, John Macher

Place of Business, No 150 Eastern Ave

W. F. A. Kemp M. D.
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65186 ; *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* —

Color, Black

Married, Single, Widowed, or Divorced? (Cross out the word not required.)

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 93 Plum Alley

Cause of Death,
First (Primary),
Second (Immediate) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18th

Undertaker Geo. W Perkins

Place of Business 130 Henrietta st

Medical Attendant,

Address, 1216 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65187 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1883

CERTIFICATE OF DEATH.

Date of Death, March 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Lehman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 Years, 4 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} No. 155 S. Collington Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, March 17

Undertaker, Gordon

Place of Business,

H. A. Lehr M. D.
Medical Attendant.

Address, 344 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6378 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 16, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} M. William Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Ann Co, Md.

Duration of Residence in the City of Baltimore, Four months.

Place of Death, {Give street and Number.} 12 Little Broadway Court.

Cause of Death, First (Primary), ...

Second (Immediate) Typhoid Fever. (Suppressed urine)

Duration of Last Sickness, Four days. (Called 3rd day of sickness)

the above information should be furnished by the Physician.

Place of Burial, Middle River Co

Date of Burial, Mar 17th 1883

Undertaker J. J. Locke

Place of Business, 73 Jefferson St *Address,* 253 Eastern Ave

A. V. Gosnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6518 9 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Buckhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty eight Years, Months, Days

Color W. [illegible]

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 344 Hanover st

Cause of Death, First, (Primary,) Lead Poison

Second, (Immediate,) Paralysis Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, March 19 1883

Undertaker, H Bruce

Place of Business, Hanover 81

Julius Hall M. D.
Medical Attendant.
Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65190 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

COPY
MAR 17
1883
BALTO.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Tyler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

..... *Years,* 2 *Months,* 5 *Days,*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} #1 Coale St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. R Cemetery

Date of Burial, March 15/83

Undertaker, E A Kershner

Place of Business, 58 S Carrollton Address, Balto

Geo H. Emmert M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Undertaker

Board of Health, City of Baltimore,

Permit No. 69707 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1893

Date of Death, March 16th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney J. Elliott

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Calvert County, Md.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} Leslie's Cont, Hull St 195

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, MP

Date of Burial, March 17

Undertaker Merchant

Place of Business,

J. H. White, M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65-192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th, 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Piper

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 5 N. G. St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 18

Undertaker, A. Koehler

Place of Business,

W. B. Rider, M.D.
Medical Attendant.

Address, 195 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65193 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Whalen

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single or Widower, { Cross out the word not required in this line. } Widower

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, { Give street and Number. } No 112 Hughes St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) about 9 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 19th 1883

Undertaker, C. F. Krause

Place of Business,

L. C. Burch M. D.,
Medical Attendant.

Address, 157 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

Board of Health, City of Baltimore,

Permit No. 65-194

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 17 1883

CERTIFICATE OF DEATH.

Date of Death, March 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. W. Eckart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* Three *Months,* — *Days.*

Color White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} N 119 N Pacas St

Cause of Death, First, (Primary.) Chronic Laryngitis

Second, (Immediate.) with Pulmonary Central Congestion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Monday 4 o'clock PM

Undertaker, John W. Wearen

Place of Business, 129 North Pacas St

James Armitage M.D.,
Medical Attendant.

Address, N 14 N Pacas St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-195 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Matthews

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color Colored

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 36 Orchard St.

Cause of Death,
First (Primary), Apoplexy
Second (Immediate),

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, 19 March 17th 83

Undertaker Alex Handley

Place of Business, 1 E Orchard *Address,* 187 Franklin

D. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65796 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 16 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* ~~Days.~~ 7

Color, White.

~~*Married,*~~ *Single,* ~~*Widowed or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, August 18/83.

Undertaker, Pat. Hunt

Place of Business, Irvin & Maund

R. McSherry Goldsmith, M. D.
Medical Attendant.

Address, Holland & Calhoun sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65197 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Irwin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

Single, Married, Widowed, {Cross out the word not} ~~Married~~ Widowed

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give street and Number.} 30 S. Howard St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Asphyxia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 18th 1883

Undertaker M. A. Dauger

Place of Business, 74 S. Bway

G. G. Rich M. D.
Medical Attendant.

Address, Balt. & Mad. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 65798 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Logan, Senior

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Coleraine, Londonderry, Ireland

Duration of Residence in the City of Baltimore, Sixty-four years.

Place of Death, {Give street and Number.} 63 S. Eden st

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 19th 1883

Undertaker, M. A. Dauger

Place of Business, 74 S. Broadway

Nicholas L. Bathurst, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6599 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilson Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gr. Washer

Birthplace, {State in the United States if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} No. 314 Raborg St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer

Duration of Last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17 1883

Undertaker, William H Dugee

Place of Business, 62 East St

Chas. W. Neff M. D.,
Medical Attendant.

Address, 306 W. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65200 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur D. McGee

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Years, 1 Months, 17 Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 63 N. Gaulte St.

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 19/83

Undertaker, Wm. Frey

Place of Business, Broadway & Pendleton Address, 73 E. Fayette St.

G. L. Kuhlman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6207 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 308 Pennsylvania Ave

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Co

Date of Burial, Feb 18

Undertaker, W R Dugee

Place of Business,

Geo. F. Ammon M. D.,
Medical Attendant

Address, Dr. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6202 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. Alo Swanes

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 1 year & 10 mos.

Place of Death, {Give street and Number.} 156 E. Balto. St.

Cause of Death, First, (Primary,) Malignant Trouble of Heart

Second, (Immediate,) Convulsions

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cem.

Date of Burial, March 19th 1883

Undertaker, Adam Fink

Place of Business, 161 N. Gay St.

Thos. H. Harris *M. D.*, Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Death

Board of Health, City of Baltimore,

Permit No. 65203 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola A Shindle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 21 Peach alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Bronchitis.

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 Richmond Coates

Undertaker, Geo W. Perkins Medical Attendant.

Place of Business, 130 Hanover st *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6504 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah L Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age One *Years,* 5 *Months,* *Days*

Color, Brown

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 10 N. Henrietta St.

Cause of Death, First (Primary), Variola discreta

Second (Immediate), Asphyxia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 18th

Undertaker Geo N Perkins

Place of Business, 130 Henrietta

J. J. Dyer M D

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6520 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Agnes Fraser

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 0 *Years,* 14 *Months,* 16 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 96 Lombard St

Cause of Death, First, (Primary,) Congestion of lungs

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, March 18th 1883

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 N Academy ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6206 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel M. Whalley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lancaster N. H.

Duration of Residence in the City of Baltimore, Six Years.

Place of Death, {Give street and Number.} #250 N. Eden St.

Cause of Death, First, (Primary,) "Typhoid" Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 20th

Undertaker, Geo Schilling

Place of Business,

G. T. Taylor M. D.
Medical Attendant.

Address, 34 N Bl'way

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore.

Permit No. 6207 — *Office of Registrar of Vital Statistics.* — 1883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hagan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} [illegible] Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 124 Hill St

Cause of Death, First, (Primary.) C

Second, (Immediate.) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Town Cem'y

Date of Burial, March 18th 1883

Undertaker, E. Holme

Place of Business, 200 Aisquith St

Geo. W. Brown M.D.,

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6320 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances J. Kraus

Sex, Male or Female, {Cross out the word not required in this line.}

Years Months Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 N. Castle

Cause of Death, First, (Primary,) Protracted Labor - Attended by Midwife

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, March 18 1883

Undertaker, John Hennig

Place of Business, 382 Orleans St

J. Holterhoff M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65209 — *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Grace McCord

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 47 Parkin St.

Cause of Death, First, (Primary,) Whooping Cough.

Second, (Immediate,) Spasm

Duration of Last Sickness, Four (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, March 19 83

Undertaker, Jos. M. Bogue

Place of Business, 57 Lexington St.

D. L. Dietrich M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6320 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last sickness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen a White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 118 York St

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Burying ground

Date of Burial, March 18 = 1883

Undertaker Jacob Davis

Place of Business, No 103 Bo street

W S Booth M. D.
Medical Attendant.

Address, 210 Stapleton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6311 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, Colored ✓

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {long in the United States. if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 70 Leadenhall St.

Cause of Death, First (Primary) Vomiting of Pregnancy et Miscarriage

Second (Immediate) Collapse et Coma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowrie

Date of Burial, March 18 1883

Undertaker B. M. Chase

Place of Business, 198 D Howard

C. A. Lodge M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 61295

Office of Registrar of Vital Statistics. 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Boyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 6 S Exeter

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, Mar 17 th

Undertaker, W. Dipple

Place of Business, 151 S Broadway

F. G. Moyer M.D.,
Medical Attendant.

Address, 15 Exeter St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65213 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott Ridgely Hancock

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 41 S. ~~Boro~~ Washington St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Meningitis

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19 83

Undertaker, Fry & Son

Place of Business, 57 N. Broadway *Address,*

J. McPherson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2

Board of Health, City of Baltimore,

Permit No. 66214

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Leckner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Francheim & Deckheim

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} Eastern Ave No 93

Cause of Death, First, (Primary.) Carcinoma vs Cancer uteri

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, March 19th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John A Schulte M.D.,
Medical Attendant.

Address, N E Cor Eaugh & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 65216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, signed and filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna M Pflegar

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* /

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 12 Warren St.

Cause of Death { First, (Primary,) Organic Cardiac disease
Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 19th 1883

Undertaking Rooms

Medical Attendant

Undertaker, Julius Koehler

Place of Business, Sharp & Bros *Address,* 68 N Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore, 2d

Permit No. 65216 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person supervising the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, Mai, 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Rudolph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 29 Thames Street

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Evergreen Cem.

Date of Burial, March 20th 1883

Undertaker, John Kenney

Place of Business, 382 [illegible] St. *Address,* 886 Broadway

Medical Attendant. Chas. H. Shaw M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, in case the body comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person undertaking the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65217 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 21 1883

Date of Death, Mch — 18 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Mitchell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 3 *Days.*

Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City 6 "

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 76 S Pierpont

Cause of death, First, (Primary,) Scarlatina & Diphtheria

Second, (Immediate,) Heart — clot —

Duration of Last Sickness, 4 ds —

All the above information should be furnished by the Physician.

Place of Burial, White Oak Bottom

Date of Burial, March 20

Undertaker, J B Cook

Place of Business, 707 W Balto

Prince George Co

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony M Mooney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country; (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 84 S Caroline St

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate.) ...

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Robert Keen M.D.

Date of Burial, March 20 Medical Attendant.

Undertaker, F B Cook

Place of Business, 707 W Baltimore St *Address,* 534 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 65219 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Ortt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 7 *Ds.*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Home.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 453 N. Lombard St.

Cause of death, First, (Primary,) Organic Disease of Heart, Valvular,

Second, (Immediate,) Bright's Kidneys, + Dropsy.

Duration of Last Sickness, 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, March 19th 1883

Undertaker, Jos. B. Cook

Place of Business, 1707 N. Baltimore St.

Chas. L. Lloyd M. D.
Medical Attendant.

Address, 953 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65228 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Grund

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 68 Perry St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March the 19th

Frederick Cook M. D.
Medical Attendant.

Undertaker, Ernst Stomanch

Place of Business, 200 Sharp St. *Address,* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 64221 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1883

CERTIFICATE OF DEATH.

Date of Death, Feb 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse F. Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 Yrs. 1 *Years,* ..... *Months,* 6 mos *Days,*

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 810 E Pratt

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Bronchial Burn

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Feb 19

Undertaker, Geo Jackson

Place of Business, ...

Geo. W. Boisal M. D.

Medical Attendant.

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65922 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 15 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jones

Sex, ~~Male~~ or Female {Cross out the word not required in this line.}

Age, (about) 76 *Years,* — *Months,* — *Days.*

Color Col'd

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None (for 2 years)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co — Md

Duration of Residence in the City of Baltimore, (nearly) 3 mos

Place of Death, {Give street and number.} 17 Conway St

Cause of death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Kent Co

Date of Burial, March 19

Undertaker, Morgan Bro

Place of Business,

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65228 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 19

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } D Blanchard

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color. Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 65 Russell.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 19

Undertaker, H Rentz

Place of Business, ...

Wm H Buxton M. D

Medical Attendant

Address Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65224 *Office of Registrar of Vital Statistics.* — Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Cathrine Veal

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Months 17 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 153 E. Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola (I believe) I only saw them Once

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, March 19. 1883

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

John Morris M. D
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. ~~And be it further enacted and ordained~~, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65226 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Gerding

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

M—r—d, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 57

Place of Death, {Give street and Number.} 468 Light St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Balt Cemetery

Date of Burial, March 21/83

Undertaker, Armistead & Sons

Place of Business, 26 Light

Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daley Coen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 Years, 0 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 196 Montgomery St

Cause of Death, First, (Primary,) Don't know

Second, (Immediate,) suspect Stomalgia 3 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dele Loras County

Date of Burial, March 21/83

J. E. Clagett M. D.
Medical Attendant

Undertaker, Austin & Young

Place of Business, 213 Light St

Address, 36 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65-227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 17th 1883

Name of Deceased, {Give name and spell surname. If an infant not named, give name of parents.} Henry Winston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 64 Years, Months, Days

Color, White — or Sex, Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} #4 N. Howard St.

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis.

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20th 1883

Undertaker, Dunn & Mitchell

Place of Business, 65 S Broadway

J. M. Cockeil M. D.
Medical Attendant.

Address 340. E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65226 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 19 1883

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rebhan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 21 *Days*

Color, White

Single, Married, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 9 mo & 21 days

Place of Death, {Give street and Number.} #36 Watson St.

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 weeks & 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 19th 83 Thos. Antisell, M. D.

Medical Attendant.

Undertaker, G. Frazer

Place of Business, Bank & Wolfe Sts. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 6929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Howard Hill Boyd

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 Years, 6 Months, 13

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} MD

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 103 E Broadway

Causes of Death, {First, (Primary,) Scarlatina Typhoides

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, March 19, 1883

Undertaker, M. A. Dwyer

Place of Business, Hender Latta

Jno B Benzinger M. D.
Medical Attendant.

Address, Broadway & East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65230. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Barickman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and Number.} # 288 S Bond St

Cause of Death,
First (Primary), Variola
Second (Immediate),

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Mar 20th

Undertaker [illegible]

Place of Business, [illegible] Bond

John H. Kellogg M. D.
Medical Attendant.

Address, # 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6523 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Juliana Barckmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 288 S Bond St

Cause of Death, First (Primary), Variola

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, March 20th

Undertaker M Leppel

Place of Business, 131 S Bond Address, 243 Aliceanna St

John H. Kehlenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65232 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 19 1893

Date of Death, March 14th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Steger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 24 years

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} W. 207 Dayton Ave

Cause of Death,
First, (Primary,) Phthisis Pulm
Second, (Immediate,) Dropsy

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Mar 20th

Undertaker, H Lippold

Place of Business, 515 Bond St

L O Winternitz M. D.
Medical Attendant.

Address, 11 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

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Board of Health, City of Baltimore,

Permit No. 65233 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 19 1883

CERTIFICATE OF DEATH

Date of Death, 907 W. Bath St. March 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of} Minnie Sheck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 24 *Days.*

Color, White

~~Married,~~ Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 907 W. Bath St.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Cynthia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Mar[c] 20th 1883

Undertaker, Dietrich Wiegand

Place of Business, 116 Druid Hill Ave

E. H. Weber M.D.,
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sampson

~~Married or Widow~~ {cross out the word not required in this line.}

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 134 Fyson ct.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, March 20 1883

Dr Griffith
Medical Attendant.

Undertaker, Robt Kennedy

Place of Business 116 Ordnance St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. PUTLAND & CO., CITY PRINTERS AND STATIONERS. [OVER

... is respectfully invited to the Memoranda below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66-236 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Stevens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days,* /

Color, White

~~*Married*~~, *Single, Widow or ~~Widower~~,* {Cross out the word not requred in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 29 Caroline

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Mar. 20. 1883

Undertaker, H.W. Jenkins & Son.

Place of Business, Park & Saratoga

E. H. Mitchell, M.D., Medical Attendant.

Address. 1108 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Baltimore,

Permit No. 65236

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 19 1883

CERTIFICATE OF DEATH

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Dimmick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Three weeks.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 58 Canden St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Sepsis

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam

Date of Burial, March 19th

Undertaker, Wm Eilane

Place of Business, 101 Gough St

D. L. H. Barclay M.D.,

Medical Attendant.

Address, 4 Cumberland

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65237 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1st 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine L. Binns

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.} /

Age, Thirty-five *Years,* — *Months,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and Number.} 70 Iceland St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Hypertrophy of Heart

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Harp St Cemetery

Date of Burial, March 19 1883

Undertaker, Ross

Place of Business, 95 Conway St

S. A. Bell M. D.

Medical Examiner

Address, 101 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 65238 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 18. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Shepard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 38 Orchard St

Cause of Death, First, (Primary,) Cancer of Liver

Second, (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 19th 1883

Undertaker, W. T. Jordan

Place of Business, 63 Fourth Ave

J. E. Atkinson M. D.
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

12 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Louise Culleton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 67 Etting St

Cause of Death {First, (Primary,) Croup
Second, (Immediate,) Asphyxia

Duration of last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 19th 1883

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

F. J. Flannery M.D.
Medical Attendant

Address, Cor. Wilson & Dun...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65240 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 18th 1883

Full Name of Deceased { Write legibly and spell correctly. If an Infant, } Estelle E. Echoe

Sex or Female, { Cross out the word not required in this line. } Female

Age, 16 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 187 E. Eager St.

Cause of Death, First, (Primary,) Consumption & Kidney Disease

Second, (Immediate,) Oedema of Lungs & Exhaustion following Scarlet Fever

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 20th 1883

Undertaker, Henry W. Mears

Place of Business, 46 Hay St.

William Smith M. D., Medical Attendant.

Address, 24 S. Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

Board of Health, City of Baltimore,

Permit No. 65-241

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 10 1883

CERTIFICATE OF DEATH.

Date of Death, 10 of March 1883

Name of Deceased, {Correctly. If an Infant not named, give names of parents.} William C. Winter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* ~~Days.~~

Color, Whit

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Son

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 3 Bell Alley near Bath st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Typhoides

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] *Address,* No 36 Davis st

F. Abeck M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6524 — Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

1883

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Koenig

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 66 Years, ... Months, ... Days,

Color, White

Married, ~~Single~~, ~~Married~~ or Widower, {Cross out the word not required in this line.} Widower

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and Number.} 7 Forty Court

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Phthisis

Duration of Last Sickness, Twenty Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 20 1883

Medical Attendant, A. Appleyard M. D.

Undertaker, Henry Forde

Place of Business, 309 N. Central Ave Address, Sundays & Thurs 3 to 5

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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Board of Health, City of Baltimore.

Permit No. 65223 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

MAR 19

Date of Death, Mar 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} /

Age ~~Years,~~ 18 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 162 Little Green St

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate.)

Duration of Last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Mar 20th 1883

Undertaker, C. F. Knauss

Place of Business,

Lud. G. Jay, M.D.
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65247 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 19 1892

Date of Death, 19th March

Name, { Write legibly and spell } Ella D. S.
{ of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 75 N. Eden St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial. 20 March 1892

Undertaker, [illegible]

Place of Business, 108 N. Eden St.

[illegible] M. D.
Medical Attendant.

Address, 197 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6524 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883

{Write legibly and spell. If not named, give names of parents.} Nancy Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 48 St. Peter St.

Cause of Death, First, (Primary,) Acute Rheumatism complicated with Pneumonia (relapse involving the Pericardium

Second, (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 29

Undertaker, Devlin

Place of Business,

J. H. Sutton M. D.
Medical Attendant.

Address, 343 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1912 1233

CERTIFICATE OF DEATH.

Date of Death, March 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lee

Sex, State of Conjugal Condition, {required in this line.} Male

Age, ... *Years,* Three *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hosp.

Cause of Death, First, (Primary,) Malnutrition

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 19

Undertaker, C. A. Bliggard

Place of Business, 198 Pulaski

T. A. Abbott M. D.,
Medical Attendant.

Address, 82 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6624 *Office of Registrar of Vital Statistics* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th, 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Ruth Doyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years* *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 462 E. Eager St.

Cause of Death, First (Primary), Diphtheria

And Second (Immediate),

Duration of Last Sickness, 6 Days

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Wednesday 21/83

Undertaker Denny & Mitchell

Place of Business, 658 Broadway *Address* 658 Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the [illegible] it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6524

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 19 2 1883

CERTIFICATE OF DEATH

Date of Death, March 17th 83

Full Name of Deceased, { Write legibly and spell. If not named, give names of parents. } Emma [illegible]

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 m *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Butte Cal

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 95 Sunel alley

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Debilitas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Mar 19 1883

Undertaker J Lock

Place of Business, 173 Jefferson

[illegible] M.D.,

Medical Attendant.

Address, 87 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

73 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. L. Ash.

Sex, Male or Female, { cross out the word not required in this line. }

Age, About 70 Years. Days.

Col.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ✓

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England.

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, { Give street and number } 106 Parkin St.

Cause of Death, { First, (Primary.) Old age. Second, (Immediate,) Hard drink to excess.

Duration of last Sickness, about 1 or 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 19th 1883.

Undertaker, Adam Wielemeyer

Place of Business, 578½ W. Baltimore St.

A. G. Watts, Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUTLER & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 65258 *Office of Registrar of Vital Statistics.* Ward 4?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, { Write legibly and correctly. If an infant not named, give names of parents. } Frederick Detrick Hemrich Augustus Heumann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, One *Years,* Five *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation ~~———~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 3 N Eutaw Ave

Cause of Death, First (Primary),

Second (Immediate) Ozaena

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, March 20th 1883

Undertaker Adam Weidemeyer

Place of Business 518 W. Baltimore St. *Address,* 11 Sept St

A. Ross Shortt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65251 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 19 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Bridget Hogan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 84 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 20 Concord st

Cause of Death, First, (Primary,) Typhoid — Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 20th 1883

Dausch M. D.

Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 3 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health, City of Baltimore,

Permit No. 65252 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Conaway

{Cross out the word not}

Age, 32 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coach Trimmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 156 N Eutaw St

Cause of Death, First, (Primary,) Purpura Haemorrhagica

Second, (Immediate,) Hepatic Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Lonely

Date of Burial, March 19th 1883 Thos O Gluck

Undertaker, Thos O Gluck

Place of Business, 644 E Balto *Address,* 137 Eutaw St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...h, City of Baltimore,

Permit No. 65253 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

65253

CERTIFICATE OF DEATH.

MAR 19 [illegible]

Date of Death, Mar. 18th 1885

Name of Deceased, { Write legibly and spell } Elizabeth Ann Orrell
{ no Name, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 92 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and Number. } 403 Central ave

Cause of Death, { First, (Primary,) Senile dropsy
Second, (Immediate,) Age & debility

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 20th 1885

Undertaker, Wm H. Hickman

Place of Business, 1823 Jay *Address,*

Thos Bode Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [illegible]

Health, City of Baltimore,

Permit No. 6-237 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 19th. March. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Rose Engel

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} ✓

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and Number.} S. Castle near 6th

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Sepsis maligna

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary

Date of Burial, March 19

Undertaker, Ehrlich

Place of Business,

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe near 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health, City of Baltimore.

Permit No. 65255 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#65255 No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 19 1883

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Frasch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and Number.} ~~Germany~~ 57 N. Central Ave

Cause of Death, First, (Primary.) Child Birth

Second, (Immediate.) Convulsions. Puerperal

Duration of Last Sickness, Convulsions. A Midwife delivered this lady and during the delivery, convulsions was called, and found the lady dead, and in 5 minutes after my arrival she was dead.

All the above information should be furnished by the Physician.

Place of Burial, Local Home

Date of Burial, March 20/83

Undertaker, Ch. Roney

Place of Business, 196 E Baltimore St

F. A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health, City of Baltimore,

Permit No. 65236 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1883

Date of Death, Mch 19, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Waters Clunn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 627 W. Fayette

Cause of Death, First, (Primary,) Child-birth

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Mch. 20/83

James Bosley M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 13 Balto St. *Address,* 219 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attenti[on]

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Pfocke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 Years, — Months, — Days

Color, White Sex, Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen, Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} 267 Alice Ann st

Cause of Death, First (Primary,) Old age

Second (Immediate.)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 21 March 1883

Undertaker, J. C. Schuh

Place of Business, 265 Alice Ann st. Address

Dr. Martin Fehr M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6-21-8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Plummer

Sex, Race or Color, {Cross out the words not required in this line.} Female

Age, 49 Years, 8 Months,

Color, White Sex, Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Tailoress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 49 Yrs 8 Mos.

Place of Death, {Give street and number.} #50 S. Bond St

Cause of Death, First (Primary,) Bright Disease of Kidneys

Second (Immediate,) Asthenia

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th

Undertaker, George Schilling

Place of Business, Ashland Square

T. Edward Kirby M.D.
Medical Attendant.

Address #24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

7 Board of Health, City of Baltimore,

Permit No. 66259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 M 8 D *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, Retired Soldier.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 386 N. Washington St

Cause of Death { First, (Primary.) Pleuritis (Double)
Second, (Immediate.) Eight Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 20th

Undertaker, Geo Schilling

Place of Business,

H Russell Mackenzie
Medical Attendant

Address, Belay Avenue near Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 65260 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Karns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* 0 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and number.} No 7 Albemarle, 2d

Cause of death, First, (Primary,) Cold & Exposure.

Second, (Immediate,) Disease of Heart. Dropsy.

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 20 1883

Undertaker, H. McGinnis & Co

Place of Business, 43 Hanover st

J. Ridgway Brune M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65261 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 20 1883

Date of Death, March 18th 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Otto Christian Warnke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bookkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 33 Years 4 days

Place of Death, {Give street and Number.} No. 458 Mulberry St.

Cause of Death, First (Primary), Consumption Pulmonary

Second (Immediate),

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 20th 1883

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* House of Refuge

E R Dodsm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1883

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Wright Boyd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 Years, 4 Months, 2 Days

Color, Col Sex, Fem

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Once Built

Place of Death, {Give street and number.} 103 S Broadway

Cause of Death, First (Primary,) Scarlatina Sine Exanthemata

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, March 20th 1883

Undertaker, M A Daiger

Place of Business, 74 S. Broadway

Medical Attendant, Jos L Benzinger

Address Broadway & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65263 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 20 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 19, 1883.

Name, {Write legibly and spell} Bridget O'Neil
{of parents.}

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 35 Marion Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March - 21st

Undertaker Mr. Cooke

Place of Business, None

Hiram Woods M. D.

Medical Attendant.

Address, Balto. Gen. Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

March 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Harris

Male or Female, {cross out the word not required in this line.} Female

Age, 80 Years, 8 Months, D.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Worcester Co. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 180 Hanover St.

Cause of Death { First, (Primary.) Old age

Second, (Immediate.) 3 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Worcester Co. Md

Date of Burial, March 21, 1883

R. G. Lee M.D.
Medical Attendant.

Undertaker, Armstrong & Dew M. U. Co

Place of Business, 263 Light St. *Address,* Hanover & Bars

Extract from Regulations of the Board of Health to secure a full and correct Return of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65265 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 20 1883

Date of Death, Mch 19

Full Name of Deceased, {Write legibly and spell. If not named, give names} [illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Short alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamed

Date of Burial, Mch 21

Undertaker, D. F. Locke

Place of Business,

Geo. W. Bruce M.D.

Medical Attendant.

Address 811 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65266 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Hoe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 264 Hanover St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, March 20

Undertaker, B. Hand

Place of Business, 82 West Pr. *Address,* 284 E. Chase St.

Broadbeck M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Buried

[over.]

Board of Health, City of Baltimore,

Permit No. 65267 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *not to the* Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

No Permit for a Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883 MAR 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} John Schäfer

Age, 77 *Years,* — *Months,* — *Days*

Color, Colr

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and Number.} 133 N. Central Ave

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) —

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 21 of March 1883

Undertaker, First Grade

Place of Business, 29 S. Gay [illegible] *Address,* —

C. W. Fisher M. D.
Medical Attendant.
No 10 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1883

CERTIFICATE OF DEATH.

1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos Jarvis

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 100 Hill St.

Cause of Death { First, (Primary.) / Second, (Immediate,) Old age.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 21st 1883

Edward P. Ward M. D.
Medical Attendant.

Undertaker, John S. Thacher

Place of Business, No 150 Cornhill

Address, 248 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65269 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1883

CERTIFICATE OF DEATH.

Date of Death, March 17th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella A Baltus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 241 Sarah St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 Days

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Mar 20 1883

Undertaker Jas P Byrne

Place of Business, Front st

Medical Attendant. M. D.

Address 348 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That [illegible] any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Attorney upon the case coming under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65270 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th, 1883

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Seward

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty Four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and Number.} No. 173 South Washington St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial West Methodist Cem.

Date of Burial March 20th 83

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker, J Landyn Son

Place of Business, 252 Caroline

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65271 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 28 1883

Date of Death, March 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kreller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Driven life

Place of Death, {Give street and Number.} 27 Essex St

Cause of Death, First, (Primary,) Heart Disease (Disease)

Second, (Immediate,) Sudden Death —

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial St. Michaels Cem

Date of Burial March 20th/83

Undertaker H Sanglerson

Place of Business 252 Canton

C M Mofft M.D.

Attending Phy. ~~Medical Attendant~~

Address, 67 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

TY A FILM

15

Permit No. 66272

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 16 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen L. Hoye

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 16 Lexington Alley

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.)

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 17th 1885

Undertaker, S. B. Chase

Place of Business, 195 S. Howard St.

Victor H. Goodman M.D.,
Medical Attendant.

Address, 93 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY

16 Board of Health, City of Baltimore,

Permit No. 65273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Jane Ellis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 11 *Months,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Constant

Place of Death, {Give street and number} 40 King st.

Cause of Death, {First, (Primary,) Bright disease

{Second, (Immediate,) dropsy

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Ebe [illegible] St

Date of Burial, March 21st 1883

G. F. Nelson
Medical Attendant.

Undertaker, Samuel G. Chase

Place of Business, 198 E. Fayette

Address, 309 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 68274 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, 19 March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Theresia Reer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 61 *Years,* 4 *Months,* 3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Borgentreich - Prussia. -

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 132 W Baltimore St.

Cause of Death, First (Primary). Ileus.

Second (Immediate). Exhaustion.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Dr. Aloysius Cem.

Date of Burial, March 22 1883

Undertaker J. B. Cook

Place of Business, Balto. St.

L. F. Reinhard M. D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 65275 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 March 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Philippine Stehr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} Henrietta Street 139

Cause of Death. First (Primary). Pneumonia

Second (Immediate). Apoplexia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 20 1883

Undertaker Cook

Place of Business, Balto St

A. E. Reinhard M. D.
Medical Attendant.

Address, 224 Wayne Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 65276 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. March 18th

Date of Death, about 2 or 3 weeks ago from

Full Name of Deceased { Write legibly and spell correctly. If an Infant of parents, } Unknown Michael Cla

Sex, Male ~~or Female~~, { Cross out the word not required in this line } [illegible]

Age about 37 or ~~30~~ *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. } ~~Single~~ M

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and Number. } Basin, foot of Caroline St

Cause of Death, { First, (Primary,) Suspected Suicide, by drowning
Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 19 1883

Undertaker J. D. Maeder

Place of Business [redacted]

Dat Bell M. D.
Medical Attendant

Coroner

Address, 161 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6627 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Purnell Simpers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Steamboat-man, Fireman,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md,

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 73 Plum alley

Cause of Death, First (Primary),

Second (Immediate) Acute Inflammation of Ear

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21

Undertaker H Ross

Place of Business, 95 Aisquith St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883.

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Ferdinand L. Downes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 18 Arlington Ave

Causes of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Dyspepsia

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, March 20th 1883

Undertaker, Ernst & Schono

Place of Business, 210 Aisquith St

Saml D Symington M.D.
Medical Attendant

Address, 134 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be [illegible] duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, [illegible] furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate [illegible] ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the [illegible] son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 66279 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 18/83

Full Name of Deceased, {Write plainly, and spell correctly. If an Infant not named, give names of parents.} Elizabeth Horn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* ... *Months,* ... *Days*

Color, red

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 13 Horn

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, Mch 19th 1883

Undertaker, H. Coleman

Place of Business, City Hall

Geo. W. Dunn M.D.
Medical Attendant.

Address Emmitsburg Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65-260 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pacifico [illegible] 1

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 6 Jones Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 6. B. Public Cem.

Date of Burial, March 19/83

Undertaker, A Coleman

Place of Business,

Chas. A. Dunn M. D

~~Medical Attendant~~

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner upon whom the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 66287 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dumenille

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 11 *Months,* 25 *Days.*

Color, ~~W~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 43 East Lt Court

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) "

Duration of Last Sickness, 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E Balto Cem Co

Date of Burial, March 19 03

Undertaker, J. M. Coleman

Place of Business, ... *Address,* Com. of Health

Geo. H. Dunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66282 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Travers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 218 Mulliken st

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 2 Months

the above information should be furnished by the Physician.

Place of Burial, E. B. Public Cemetery

Date of Burial, March 19/83

Undertaker H. Coleman

Place of Business,

Geo. R. Emory M. D.
~~Medical Attendant.~~

Address, Conn. & Hebb

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65283 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Sisson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5/6 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 46 Vine St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th

Undertaker, H. H. Bibb Jr

Place of Business, 97 Druid Hill Ave

W. H. Sisson M. D.,
Medical Attendant.

Address, 121 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special [illegible] is respectfully invited to the remarks below, a[illegible]

[illegible] Board of Health, City of [illegible]

OFFICE [illegible] STATISTICS.

Permit No. 66284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 Years, ——— Months, ——— Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hod Carrier

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbott C Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 79 Union St

Cause of Death, First (Primary,) Bright's Disease of Kidney

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th

Undertaker, N. H. Bishop

Place of Business, 97 Druid Hill Ave

T Edward Hurley M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attention of Physicians to Li... Diseases on Ex...

The Special ...ans is Respectfully Invited to the Remarks Below ... to L... ...his Cer...

Board of Health, City of Ba...more,

OF ...RAR OF V...

Permit No. 65285 Office of Registrar of ...tal St ... Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday 17 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Selig Baumgarten

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Dyedijker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and Number.} 307 Strieker

Cause of Death, First (Primary), Lung disease

Second (Inimediate), Pneumonia

Duration of Last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Belair Road

Date of Burial, Mar 21

Undertaker Jacob Elan

Place of Business, S Bond St

A B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No 65286 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1883 BOARD OF HEALTH

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Parker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 week *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 173 Vincent St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Wood cemetery

Date of Burial March 20 1883

Undertaker William N Deering

Place of Business, No 62 East St

J. W. Jindal M. D.
Medical Attendant.

Address, 394 Fourth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6528 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 20 2 1883

CERTIFICATE OF DEATH.

Date of Death, March the 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Stanly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 85 N Spring St

Cause of Death, First (Primary), Dropsy and Heart Desease

Second (Immediate),

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March the 20th

Undertaker John W Lee R

Place of Business, Wolf St

Geo. R. Emory M. D.
Medical Attendant.

Address 60 E Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his/or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over.)

Board of Health, City of Baltimore,

Permit No. 61278 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Quigley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 22 Hillen St.

Cause of Death, First, (Primary,) Age

Second, (Immediate,) Infirmity

Duration of Last Sickness, Two days

At the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 21 st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Dr. Brooke Taylor M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 65789 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1893

CERTIFICATE OF DEATH

Date of Death, March 19th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wilkinson

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 78 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 59 years

Place of Death, {Give street and Number.} Madison & Sterling

Cause of Death; First, (Primary,) General Debility

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 21 / 93

Undertaker, Wm G McGowan

Place of Business, 1234 Jay

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 68290 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Jones,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 68 West Fayette

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Days,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 21/83

Undertaker, Lemmy & Mitchell

Place of Business, 5300 Fayette St

Lemuel Jones M. D.
Medical Attendant.

Address, 68 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 66291 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 20/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fanny L. Bell Rotman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 111 Parkin St.

Cause of Death, First, (Primary,) 4

Second, (Immediate,) Scarlet Fever

Duration of Last Sickness, 7 days (illegible)

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, March 21

Undertaker, J B Leach

Place of Business,

H L Hyman M. D.

Medical Attendant.

Address, 387 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, (when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65292 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Fay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, Months, Days,

Color, White

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} E Randall St Maternal to Jennie

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Towsontown

Date of Burial, Mar 21st 83

Undertaker, C. F. Arnaud

Place of Business,

R. T. D. Ellis M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 65293 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Jane Linton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, [illegible] *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 124 Jefferson St

Cause of Death, First, (Primary.)

Second, (Immediate.) Hypertrophy of the Heart

Duration of Last Sickness, About 1 year though confined for 5 or 6 yrs

All the above information should be furnished by the Physician. I first saw her March 1st/83

Place of Burial, Baltimore Cemetery

Date of Burial, March 21

Undertaker, H. Sno

Place of Business, 81 N Broadway

Elias C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Ph[illegible] to the ... and to Effic... Disease on Back ...

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd. H. Lee

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt: md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Linden Ave & Biddle St

Cause of Death { First, (Primary.) Apoplexy
Second, (Immediate.)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Mch 22nd 83

Undertaker, Nelson Jenkins & Sons

Place of Business, Park Wardg & Co *Address,* 187 N. Biddle

Phil S. Latimer M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks [illegible] of Diseases on back of [illegible]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fearnaller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 Years, — Months, Days.

Color, White Sex, Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Civil Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 177 St. Paul. Street

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 22nd 1883

A. G. Bell M. D.
Medical Attendant.

Undertaker, Hetherington & Sons

Place of Business, Park & Saratoga Sts Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

20

Board of Health, City of Baltimore,

Permit No. 65296

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 19. 1883

Name, {Write legibly and spell correctly. If an Infant, of parents.} Bazil Mansfield

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* .....

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 59 Brown st

Cause of Death, First, (Primary.) Asthenia ?

Second, (Immediate.) .....

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 22d 1883 A. C. Williams M.D.

Medical Attendant.

Undertaker, Charles T Scrivon

Place of Business, 271 N. Eutaw St *Address,* 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 65297 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 21 1883

1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Farinholt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 2 years & 11 mos.

Place of Death, {Give street and Number.} No. 50 S. Cent. Ave.

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 21/83

Undertaker, Ch Rowring

Place of Business, 196 E Baltimore *Address,*

Chas. H. Travers M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 65298 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Malvina Poindexter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give street and Number.} No 1 N. Exeter St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Epileptic Convulsions

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

Flora A. Brewster M. D.
Medical Attendant.

Address, 176 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following certificate

The Special Attention of Physicians is respectfully invited to [illegible]

Board of Health, City of Baltimore,

Permit No. 65298 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 18, 1883

Full Name of Deceased, { If not named, give names of parents. } Peter Malmerd Paulin

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, About 50 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, About 2 yrs

Place of Death, { Give street and Number. } No 1 N. Exeter St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Epilepsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar. 21

Undertaker, C. H. Higgins

Place of Business, 198 [illegible]

Flora A. Brewster M. D.
Medical Attendant.

Address, 176 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65299 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 20 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Klein

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 4 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 114 N Bond St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) ~~Do~~ "

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Lawrence

Date of Burial, March 22 1883

Undertaker, Henry Loeup

Place of Business, 309 Central Ave *Address,*

S Dukes *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

3

Board of Health, City of Baltimore,

Permit No. 65300

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 21 1883

CERTIFICATE OF DEATH

Date of Death, March 20 83

Full Name of Deceased, {If unnamed, as an Infant not named, give names of parents.} [illegible]

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Lee & Lombard (98)

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis of heart

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. H. Cemetery

Date of Burial, March 22nd 83

Undertaker, G. Frank

Place of Business, Bank & Wolf *Address,*

F. Flatter *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65-301 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Behrens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} [illegible]

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, March 24th 83

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 65302 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schmitt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 Years, Months, Days,

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 258 E Lombard

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St James

Date of Burial, March 23

Undertaker, W Uhfel

Place of Business,

Geo. F. Dunn M. D.
Medical Attendant.

Address, 60 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65303 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

MAY 21 1883

Date of Death, 24th March 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Peake

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 4 years

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } [illegible]

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Pneumonia

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, Mar 24th

Undertaker, W J Gray

Place of Business 63 Biddle St

[illegible] M. D.
Medical Attendant.

Address, 1501 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the directions on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A Beard

{Cross out the word not required in this line.}

Age, Seventy Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annearundel Co.

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} 642 W. Lombard

Cause of Death, {First, (Primary.)} Heart-disease,

{Second, (Immediate.)} Exhaustion

Duration of last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, March 23rd 1883

Undertaker, Jos B Leath

Place of Business, 1202 W. Baltimore Street

Wm R Gilmor M. D.
Medical Attendant.

Address, 71 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65-305 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 30 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A Mullins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Bastion

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrs Trafl Bad

Date of Burial, Mch 30 / 83

Undertaker, J. B. Cook

Place of Business, Balto St.

Medical Attendant.

Chas D Blacket M. D.

Address, 168 Druid Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65306 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. 1883

CERTIFICATE OF DEATH.

Place of Death, Harlem Park

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Potts

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* 29 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Engineer at Scissors Marble Works

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give street and Number.} 266 Park Ave

Cause of Death, First, (Primary,) A Cold

Second, (Immediate,) Congestive Chill

Duration of Last Sickness, about 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, March 25th 1883

Undertaker, Chas F Scriven

Place of Business, 271 N Eutaw St

Elias L Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65307 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH

Date of Death, March 21st 1883 — 5 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Bryan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* about 10 *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~? {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} Home of Friendless Druid Hill ave.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Tuberculosis pulmonalis

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Mar 22 1883

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address,* 47 Franklin st

Clark Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

KODAK SAFETY FILM

...e Special Attention of

Board of Health, City of Baltimore,

Permit No. 65308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless otherwise, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Henderson

Sex, Male or Female, {cross out the word not required in this line.} —

Age, Sixty five Years, — Months, — Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Stafford Co

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 273 N. Caroline St

Cause of Death { First, (Primary,) Cancer of Rectum
Second, (Immediate,) Cachexia.

Duration of last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, March 22 1883

Undertaker, John W. Jackson

Place of Business, Gay & Caroline Sts

V. C. Ireland M.D.
Medical Attendant.

Address, 212 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

...to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65309 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or not if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883 - 2.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Baldwin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, out of business

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 652 Lexington St.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Rheumatic disease of Heart - Valvular disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 22d 1883

Undertaker, Jno McCoy

Place of Business, N. 22 W Fayette Address, 47 Franklin St.

W. C. Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65310 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883,

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Antonine.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 1 *Months,* 14 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus.
Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 22 /83

Undertaker, Pat Hunt

Place of Business, Fisher & Hunt

R. H. Goldsmith. M. D.
Medical Attendant.

Address, Harlem Av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No 6534 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

March 22th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}	David Stang	
Sex, Male or Female, {Cross out the word not required in this line.}	Male	
Age,	59 *Years,*	7 *Months,* — *Days*
Color,	White	
Married, Single, Widow or Widower, {Cross out the words not required in this line.}	Married	
Occupation,	Cooper	
Birthplace, {State or country, and how long in the United States, if of foreign birth.}	Germany 26 years	
Duration of Residence in the City of Baltimore,		
Place of Death, {Give street and Number.}	94 Pratt st	
Cause of Death, First, (Primary,)	asthma	
Cause of Death, Second, (Immediate,)		
Duration of Last Sickness,	15 months	

All the above information should be furnished by the Physician.

Place of Burial,	Mt. A. Cemetery	
Date of Burial,	March 24th	Dr. Smith M. D.
Undertaker,	Wm. Frank	Medical Attendant.
Place of Business,	435 Pratt	*Address,* 281 E. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65312 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 20/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. L. Pacy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 174 East av.

Cause of Death,
First (Primary),
Second (Immediate) Catarrh Fever

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt. Auburn~~ Baltimore County

Date of Burial, March 22d,

Undertaker Wm. Funk

Place of Business, 35 Bank st

R. W. Mansfield M. D.
Medical Attendant.

Address, 107 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65313 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name.} Infant Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months, 11 Days

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Todd's

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastro

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mch 22

Undertaker, W. R. Dugan

Place of Business,

Geo. H. Dunn M. D.,
~~Medical Attendant.~~

Address, Cor of Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] below, and to List of Diseases [illegible]

17

Board of Health, City of Balti[illegible]

Permit No. 65314

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28 [illegible]

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Europe

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number. } 1574 Bolling av

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 2[illegible]

Undertaker, Armstrong & Dun[illegible]

Place of Business, 263 Light st

L. D. Stolle M.D.,
Medical Attendant.

Address, 57 Hanover av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of ...

Board of Health, City of Baltimore,

Permit No. 65316 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21/83

Name, (If an infant not named, give names of parents,) Willie Rigby

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 2 *Years,* 8 *Months,* 29 *Days*

Color, white

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Balto Md. Life time

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 25 N. Pute St.

Cause of Death, First (Primary) Variola

Second (Immediate) Pheumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 22 1883

Undertaker Louis C. Horn

Medical Attendant, Dr Eff

Place of Business, 317 Mulberry ~~St~~ 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65316 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 21st, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Unger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 335 North Amm Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the Uterus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23/83

Undertaker, Fry & Bro

Place of Business, 814 Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ... is Respectfully Invited to the Remarks below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 60317 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Ruth Healy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 380 E. Fayette Street

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Ten Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22/83

Undertaker, Fry & Son

Place of Business, 410 Broadway

Wm. H. Clendinen M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 63318 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased (or so ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1883

Date of Death, March 21. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J Hyde

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 4 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 25 Randall Ave

Cause of Death, First (Primary) ...

Second (Immediate) Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 22

Undertaker B Hart

Place of Business, ...

Thomas Cottee M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

Permit No. 60319 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas[illegible] if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 22 1883

Date of Death March 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie E. Harmon

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 54 Monroe St.

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Convulsions

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 22 1883

Undertaker, John Heaver

Place of Business, 959 Orleans St

J. H. Ellenberg M. D.,
Medical Attendant.

Address, 369 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65320. *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurate* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE

CERTIFICATE OF DEATH.

Date of Death, Mar 20 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Siddens

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 10 *Days,*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and Number.} No 109 Prince St.

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate), Spasms.

Duration of Last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, march 22 - 1883

Undertaker W. H. Jordan

Place of Business, 63 Park st.

L. C. Mohn M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 65-821 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as [illegible] to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22? 1883

CERTIFICATE OF DEATH.

Date of Death, March 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Virginia Godrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Age, 3 *Years,* 3 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Cor. Bunpard & Eden Streets, 05

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22 1883

Undertaker, Wm S Webster

Place of Business, 150 Eastern Ave

J. Taylor Smith M. D.,
Medical Attendant.

Address, 221 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2, *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65322 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1222
1883

Date of Death, Mar 21 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Forde

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 29 — Stockton St —

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) .....

Duration of Last Sickness, Few Weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. Mount Ck

Date of Burial, March 23d 1883

Undertaker, John Wachter

Place of Business, No 150 Canton Address,

H. J. Hoult M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 65823 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 2 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Tiltman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 76 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worchester Co Md

Duration of Residence in the City of Baltimore, Thirty Years or More

Place of Death, {Give street and Number.} 74 Hopkins Street

Cause of Death, First, (Primary) Advanced Age

Second, (Immediate,) Paralysis

Duration of Last Sickness, About two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 22 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front

W. K. Stothard M. D.,
Medical Attendant.

Address, 7 E Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60524 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* 4 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Agent

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 54 Bonnesk st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial. March 23d

Undertaker, George Schilling

Place of Business,

D M Cathell M. D.
Medical Attendant.

Address, 211 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 65825

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 22 1883

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland about 37 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 58 Davis St.

Cause of Death, First, (Primary.) Fell on the Ice Two months ago after

Second, (Immediate.) her Mind, and died with Cerebritis

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Loreal Cemetery

Date of Burial, March 23rd 1883

Undertaker, Denis Gray

Place of Business, 65 Mulberry

L. Yingling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6022

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66326 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Snowden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 11 Chesnut ave

Cause of Death, First (Primary),

Second (Immediate) Heart Disease

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Lawsel

Date of Burial, March 22 1883

Undertaker S W Chase

Place of Business 198 Harford ave

Alexander Tinsley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Be...

Board of Health, City of Baltimore,

Permit No. 65327 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 22 1883

Date of Death, March 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. C. Wallace

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 4 *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} #276 Madison ave

Cause of Death, First, (Primary,) ~~Stuck~~ Phthisis

Second, (Immediate.)

Duration of Last Sickness, About One Year

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Mar. 23d 1883

Undertaker, Wm. Weaver,

Place of Business, 202 N. Eutaw St. *Address,* 137 Mad Ave

C. T. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6532 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

MAR 22 1883

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883

Full Name of Deceased, {White legibly and correctly. If an infant not named, give names of parents.} H. H. Arnold

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, 6 Months, Days,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1. Bow dst.

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Germany Cemetery

Date of Burial, March 22d 1883

Undertaker Wm. Nicolaus

Place of Business, 258 Alice Ann.

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Gay Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6329 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25

CERTIFICATE OF DEATH.

Date of Death, 22d March 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown

Sex, Male or ~~Female~~? {Cross out the word not required in this line.}

Age, Years, 11 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} S. Central Ave 66

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 23th 1893

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

William Heard M. D.
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65320 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 21th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Gilman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time.

Place of Death, {Give street and Number.} 196 Gouvernant Ave

Cause of Death, First, (Primary,) Burn of the 2nd Degree involving about one fourth of the Cutaneous Surface

Second, (Immediate,) Tetanus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 22d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guenmant Av

Wilmer Benton M. D.,
Medical Attendant.

Address, 25½ Gouvernant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Solicited to the Following Facts:

Board of Health, City of Baltimore,

Permit No. 65931 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Duley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East End

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} In Law & Exeter

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 23/83

Undertaker, Samuel 2nd Mitchell

Place of Business, 65 S Broadway

L. Gillette M. D.,
Medical Attendant.

Address, 57 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 65332. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1883

CERTIFICATE OF DEATH.

Date of Death, March 22. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Kolunsky

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and Number.} 499 Thames St.

Cause of Death, First (Primary), Pneumonia accompanied

Second (Immediate), by old age.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Westons

Date of Burial, 24th March

Undertaker H. Dipfel

Place of Business, 151 E. Bond st

John H. Kelberg M. D.
Medical Attendant.

Address, 243 Alice Anne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible] respectfully invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 65331 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *see to it that it is filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1 2222 1893

Date of Death, March 7 - 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant of parents.} Chas Hanlon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Mc Cubbin St

Cause of Death, First, (Primary,)

Second, (Immediate,) Quinsy Pot

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, March 8 - 1893

Undertaker, Coleman

Place of Business,

Geo. H. Dunn M. D

~~Medical Attendant.~~

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Dis of Bowels

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of This

Board of Health, City of Baltimore.

Permit No. 65384 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 22 1883

CERTIFICATE OF DEATH.

Date of Death, March 20th 83

Full Name, (Write legibly and spell. If not named, give names of parents.) John Hagel

Sex, Male or ~~Female.~~ (Cross out the word not required in this line.)

Age. 59 *Years.* *Months.* *Days.*

Color. white

Married, ~~Single,~~ ~~Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation Taylor

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Brannen Emke

Duration of Residence in the City of Baltimore, 39 years

Place of Death, (Give street and Number.) 99 N. Fremont St.

Cause of Death. First (Primary). Phneumonia

Second (Immediate).

Duration of Last Sickness. 14 days

All the above Information should be furnished by the Physician.

Place of Burial. F. H. Hoffmanin bond

Date of Burial. March 21th 1883

Undertaker Mrs L. Haus

Place of Business, 317 Mulberry St. *Address,* 226 Mulberry St.

Louis C. Hon M. D.
per E.H.K.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co[rtificate]

Board of Health, City of Baltimore,

Permit No. 63-336 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

[D]ate of Death March 22/63

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Weis

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Trader

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Europe

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, { Give street and Number. } 222 Central Av.

Cause of Death, First (Primary). Emaciation

Second (Immediate).

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Zell Point Remetery

Date of Burial, March 22

Undertaker Wm. Elias

Place of Business, 101 Gough *Address,* 117 S. Broadway

R. W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 66386 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1 2 1893

Date of Death, March 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William V. Pearce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 616 N. Eutaw

Cause of death, First, (Primary,) .....

Second, (Immediate,) Meningitis

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 23 1883

Undertaker, J. E. Cook

Place of Business, 13 Balto. St.

J. McClure M. D.,

Medical Attendant.

Address, 582 W. Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 65337 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 23 1883

Date of Death, March 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cash Master

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 5 Wilkins Ave

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) "

Duration of Last Sickness, about 2 years

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, March 23rd 1883

Undertaker, Jos H Leach

Place of Business, No 97 N Paca

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Li...

Board of Health, City of Baltimore,

Permit No. 6538 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1883

CERTIFICATE OF DEATH

Date of Death, March 21, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Strucker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drover

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 58 Bayard st

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) .....

Duration of Last Sickness, 14 month

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 23rd 1883

Undertaker, Jos. N. Loeb

Place of Business, 707 W Baltimore st

James Boyle M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No 65339 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death March 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bonnie A Keyser

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 5 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} None

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 146 Chesapeake St

Cause of Death. First (Primary),

Second (Immediate). Scarlt Fever.

Duration of Last Sickness. 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, March 23 1883

Undertaker J C Schuck

Place of Business, 265 Alice Anna *Address,* 52 Eden St

E. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

No Record

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 63340 | 63339

The Physician who attended any person in a last illness is responsible for the presentation of this Certi[ficate] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [the] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia E. Heidelhoff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 Years, 11 Months,

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 267 Raborg St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Eleven days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 23d 1883

Edward R Hoark
Medical Attendant.

{Undertaker, J. M. Leeman Son
Place of Business, 782 W Balto Address, 248 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a C[ertificate] ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[son] son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the [illegible]

17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 66341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Reed's Child

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 267 Raborg St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23d 1883 Edward R. Ward

Medical Attendant.

Undertaker, J. M. Lennard Son

Place of Business, 782 W. Baltimore *Address,* 258 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 66842 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 20 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 40 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Silver Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, About 20 yrs.

Place of Death, {Give street and Number.} 135 W. Balto. St.

Cause of Death First (Primary), [illegible]

Second (Immediate), Unknown

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 22nd 1883

Undertaker J. H. McCoy

Place of Business, 22 W. Fayette *Address,*

J. H. Bowen. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

OAK STREET FILM

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 66343 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Rausin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... Years, ... Months, 21 Days,

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 7 Gelston av

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lance

Date of Burial, May 23

{Undertaker, W M Dungee
{Place of Business,

Geo. H. Jones M.D.
Medical Attendant.
Address, 611 Fawn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 65944 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1883

CERTIFICATE OF DEATH.

Date of Death, March 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Heffner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 25 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore; Life

Place of Death, {Give street and Number.} 339 N Ann St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Pericarditis

Duration of Last Sickness, About 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 23. 1883

Undertaker, Wm L Hohman

Place of Business, 934 N Gay St. *Address,* 347 N Broadway

J W White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65345 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 23 2 3? 1883

CERTIFICATE OF DEATH.

March 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Rupfley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 18 Biddle Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Mar 23rd 1883

Undertaker, Dieterick Wiegand

Place of Business, 166 Druid Hill Ave

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

9 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65346

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

No. 2483

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Biddy Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, ~~Years,~~ *Months,* 26 *Da*

Color, Brown

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Mat

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 Gravel alley

Cause of Death, {First (Primary,)} Ulceration of Umbilicus

{Second (Immediate,)} Peritonitis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 23 rd 1883

Undertaker, J J Locke

Place of Business, 73 Jefferson

T G Ward M.
Medical Attendant.

Address 127 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the d[illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fur[illegible] within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting fo[illegible] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person dece[illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back [illegible]

1/9

Board of Health, City of Baltimore,

Permit No. 65-347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1883

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beatrice Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days.*

Color, *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Stricker St. No. 388

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 23 83

L. J. Spamer M. D.
Medical Attendant.

Undertaker, C. H. Skyzola

Place of Business, 178 Fenore *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

11

Board of Health, City of Baltimore,

Permit No. 65-848

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 23 1883

CERTIFICATE OF DEATH.

2 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Shangle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 8 j Miami alley

Cause of Death, First, (Primary.) Chronic Laryngitis

Second, (Immediate.) Consel

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 23 83

Undertaker, A. J. Hendley

Place of Business,

O. Edw. Janney M.D.,
Medical Attendant.

Address, Hom. Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65349 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1883

Full Name of Deceased, {If not named, give names of parents.} Willie E Nixon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long if the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 9 Harris Street

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,*

A. H. Wiant M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 65350 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Talbot

Sex, Male or Female, {Cross out the wo. not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation Chamber Maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 238 Hughes St.

Cause of Death, First (Primary). Cancer Scirrhus

Second (Immediate). Convulsions & Exhaustion

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1883

Undertaker Saml. H. Chase

Place of Business, 28 S. Howard St. *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65 337 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Anthony Maler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 219 S. Wolf st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, E. B. Purlie Cemetery

Date of Burial, March 22/83

Undertaker, M. Coleman

Place of Business,

Geo. H. Bacon M. D.,
Medical Attendant.

Address Cor. Hoff

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65-35-2 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L Proudfoot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and now long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 15 Temple St

Cause of Death, First, (Primary,) Concretion of the Lungs

Second, (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Public Cemetery

Date of Burial, March [illegible] 1885

Undertaker, [illegible]

Place of Business, [illegible]

H. G. Conroy M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No 66353 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1893

CERTIFICATE OF DEATH.

Date of Death, March 23. 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Patrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Infant. *Years,* *Months,* 2 *Days.*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Spring St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dr Peters

Date of Burial, March 24

Undertaker John W. Harris

Place of Business, 187 E Monument St

W. S. Bond M D
Medical Attendant.

Address, 210 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 65364 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1883

CERTIFICATE OF DEATH.

Date of Death, March 23d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gertrude Winter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 371. Saratoga St

Cause of death, First, (Primary,) Diphtheria (Malignant)

Second, (Immediate,) Hemorrhage from throat trouble

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 24th 1883

Undertaker, Wm. L. Kaus

Place of Business, 321 Hilbert St *Address,* 506. W. Fayette St

A. C. Hood M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to this Blank, and to the Rules of Health on the back.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1883

CERTIFICATE OF DEATH.

Date of Death, March 23 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eded Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 4 *D.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 370 W. Washington St —

Cause of Death { First, (Primary.) Rubiola Suppressio —
Second, (Immediate.) Pneumonitis Bilateraly Cerebral Cong.

Duration of last Sickness, Sixt Days —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 24th 1883

Undertaker, Berry & Morgan

Place of Business, 973 Broadway

J. Russell Hastings M. D.
Medical Attendant.

Address, Bolay Avenue near Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 65366 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 24 1883

Date of Death, March 28nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jones

Sex, Male or Female {Cross out the word not.}

Age, — *Years,* 3 *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 127 S Eden St

Cause of Death, First, (Primary,) Accidentally Suffocated by burning

Second, (Immediate) over wbed whilst alone

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 24th 1883

Undertaker, John Lake

Place of Business, 166 E Balto St

C Ullerspt M.D.

Coroner & P Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases etc.

Board of Health, City of Baltimore,

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Permit No. 6367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 21 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Alice Barnes

Age, 19 *Years,* *Months,* *Days*

Color, Black. *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co.

Duration of Residence in the City of Baltimore, 3 or 4 yrs.

Place of Death, {Give street and number.} 207 Reborg St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mch 23

Undertaker, Doffano

Place of Business,

Herbert Harlan M. D.
Medical Attendant.

Address 246 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

I attended this girl in May and June 1882 for
Pneumonia & Pleuritic Exudation

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore.

Permit No. 65,368. *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Clements

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Ship Master

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liverpool England

Duration of Residence in the City of Baltimore, 43 Yrs.

Place of Death, {Give street and Number.} 175 S Broadway

Cause of Death, First (Primary), Hemi-plegia

Second (Immediate),

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 24/1883

Undertaker M. A. Dacey

Place of Business, 74 S Bway

R. W. Mansfield M. D. Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 65369 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22/93

Name in full [illegible]

Sex, Male or Female, {Cross out the word not required in this line. } {of parents.} Female

Age, ... *Years,* .... 11 *Months,* 6 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 24 Hanover

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 24th 1893

Undertaker, N A Saifer

Place of Business, 74 S Eutaw

J. L. Wirt M. D., Medical Attendant.

Address, 74 S. Bradley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Rev...

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Permit No. 65360

Board of Health, City of Balti...

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22 1893

Full Name of Deceased, { not named, give names of parents. } [illegible] Everett

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 44 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Mecklenburg, Va

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } Lucas alley bet 10th

Cause of Death, { First, (Primary.) Consumption / Second, (Immediate.) }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 24th 93

Undertaker, Wm S Lynn

Place of Business, 65 Mulberry

Richard Lee Sherry M.D.
Medical Attendant.

Address, 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 65361 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 24 1883

Date of Death, Wednesday March 21 1883

Full Name of Deceased, {Write legibly and correctly. If an infant not named, give names of parents.} Wm H Young Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 4 Donnells Court

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial Leonard Cemetary

Date of Burial, March 23rd 1883

Undertaker Chas A White

Place of Business, 35 Ramsay St *Address,* 35 E Green near Pr

J H Robuin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65362 — *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names} James Scott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No. 4 Hager's Court.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24th 1883

Undertaker, Thos F Wells

Place of Business, 85 Granby *Address,* 216 E Monument St

J. A. Heard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Following, and to List

Board of Health, City of Baltimore,

Permit No. 65363 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1883

CERTIFICATE OF DEATH.

Date of Death, March 20 83

Full Name of Deceased, { Write legibly and spell. If an Infant, also name of parents. } Michael Schumann

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 72 *Years,* 10 *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bavaria Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number. } 128 West St

Cause of death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Bronchitis 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 24

Undertaker, F. J. Hall

Place of Business, 82 West St

D L Lucas M. D.,
Medical Attendant.

Address, 152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65364 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ward

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} No 698 Light St

Cause of Death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Acute Effusion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, H. Fintgens

Date of Burial, March 24

Undertaker, B. Hall

Place of Business, 82 West ff

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 8

Board of Health, City of Baltimore,

Permit No. 65365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmond Powers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Nine Months

Color, White Sex, Male

Married, Single, or Widowed, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, About two weeks

Place of Death, {Give street and number.} 548 Harford Avenue

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cl

Date of Burial, March 24 1883

Louis L. Elsner M. D.
Medical Attendant

Undertaker, Henry Hoeck

Place of Business, 362, N. Central

Address 548 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible] on Back of this Certificate.

6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie J. Powell.

Sex, Male or Female, {cross out the word not required in this line.}

Age. 25 Years, 6 Months, 22 Days

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond County, Va.

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give street and number} 448 E. Eager St.

Cause of Death, First, (Primary,) Consumption,

Second, (Immediate,)

Duration of last Sickness, About One Year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 25. 1883

Undertaker, John W Jackson

Place of Business, Jay & Gardenier

John H. White M.D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention

8

Permit No. 6

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65867 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 24 1893

Date of Death, March 23 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert C. Pearce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 78 E. Lombard

Cause of Death, First, (Primary,) Laryngitis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents.

Date of Burial, March 23

Undertaker, P S Hughes

Place of Business,

W. H. White, M. D.,
Medical Attendant.

Address, 347 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65368 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

MAR 24 1893

CERTIFICATE OF DEATH.

Date of Death, March 23 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V. Day

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 52 *Years,* — *Months,* — *D*

Color, white

~~Single~~, ~~Married~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 224 North Hill Ave.

Cause of Death, First, (Primary,) Cancer of uterus

Second, (Immediate,) the same

Duration of Last Sickness, 2 years

At the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mch 26th '93

Undertaker, J. R. McGarvey

Place of Business, 22 N. Gay St.

Henry Salyer M.D.

Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60369 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Baynard

Age, 89 *Years,* 2 *Months,* 8 *Days*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all her life -

Place of Death, {Give street and Number.} N 7 Cathedral St.

Cause of Death, First, (Primary,) Senile Cachexia -

Second, (Immediate,) the same (General debility)

Duration of Last Sickness, 6 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Ur Emmanuel

Date of Burial, Mch 26th 1883

Henry Salzer M. D.
Medical Attendant.

Undertaker, Heuisler & Sons

Place of Business, Park & Saratoga Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention o[illegible] ... [illegible] ... Back of this Certific[illegible]

Board of Health, City of Baltimore,

Permit No. 65870 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James C. Rogers

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } [illegible]

Occupation, Druggist

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 225 St. Paul St

Cause of Death, { First, (Primary,) [illegible] Second, (Immediate,) Morbus Brightii

Duration of Last Sickness, About One Hour

All the above information should be furnished by the Physician.

Place of Burial, Interment

Date of Burial. May 26th 1883

Undertaker, Holofernes & Sons

Place of Business, Park & Saratoga *Address,* [illegible]

Jno. Ashe Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 9. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank W. Klunk.

{Cross out the word not}

Age, One *Years,* four *Months,* fifteen *Days*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 12 Patterson Ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} Dentition / " Meningitis.

Duration of Last Sickness, fourteen days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 25 — 83

Undertaker, And. Rohde

Place of Business, 48. Pennsylvania ave

W. Ottenheim Coroners M. D.
Medical Attendant.

Address 47. N. Mount St. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65372 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 24 1893

CERTIFICATE OF DEATH.

Date of Death, Feb 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Julia White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 64 Stockholm St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Small Pox

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharon

Date of Burial, Mch 24

Undertaker, H Ross

Place of Business, ...

Geo. H. Dunsm M. D.,

Medical ~~Attendant~~.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65373 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 24 1883

Date of Death, March 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm B Manfola

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] Months

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation [illegible]

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 110 Russell St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Pneumonia & Bronchitis

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 25th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 146 Hanover

Thos Keating Co Le M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65-874 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 24 1883

CERTIFICATE OF DEATH.

Date of Death, March 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Herchenhahn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Color~~ 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 1 Hanover bachler & Co

Cause of Death, First (Primary), Heart Dyspepsia

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 25th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 101 So Sharp St

Fred Giese M.D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the questions below, and to Rules of Diseases, Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65375 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 24 1883

Date of Death, March 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 257 Bank St.

Cause of death, First, (Primary,) Chronic inflamation of Bowels

Second, (Immediate,) asthenia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, March 26th

Undertaker, M. Clark & Son

Place of Business, 92 S. Ann

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 100 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6537

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65-876 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 23 1883

Date of Death, March 22, 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Sarah Dickerson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation School-pupil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 8 months.

Place of Death, {Give street and Number.} 12 Little Broadway Court

Cause of Death. First (Primary). Bilious attack. Severe cold.

Second (Immediate). Paralysis of Heart

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, March 24 - 83

Undertaker [illegible]

Place of Business, [illegible]

H. V. Gouwenberg, M. D.
Medical Attendant.

Address, 253 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 6637

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66377 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 24 1893

CERTIFICATE OF DEATH.

Date of Death, March 24

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Mertz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 Years, — Months, 22 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1. Woodbine Ave Cor Eutaw

Cause of Death, First (Primary), Phthisis

Second (Immediate), ~~Hemorrhage~~ Hemoptysis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26 1893

Undertaker Ernest Schlosser, Leonard Cole M. D.
Medical Attendant.

Place of Business, 200 Stiles St Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

Board of Health, City of Baltimore,

Permit No. 65378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 24 1883

CERTIFICATE OF DEATH

Date of Death, March 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Neyhlett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 Lemon Street

Cause of Death, First, (Primary.) "Phthisis Pulmonalis"

Second, (Immediate.)

Duration of Last Sickness, A Year or more

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 24/83

Undertaker, Lewis V Mitchell

Place of Business, 3304 Fayette St *Address,* Carroll P.O. Balto Co.

Jno. S. Holliday M.D.,
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

KODAK SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65379 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 25 1883

Date of Death, March 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Mary Briscoe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} No. 12, Gilbert- st-

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25th 1883

Undertaker, Wm. L. Hess

Place of Business, 317 Bulbery St *Address,* 6 Cathedral st

Samuel Theobald M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 64280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant} Samuel James Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Thirteen *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Music Teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 19 Orchard St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24th 1883

Undertaker, S. H. Coate

Place of Business, 98 Howard St

A. M. Belt, M.D.

Medical Attendant.

Address, 210 N. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... book of ...

Board of Health, City of Baltimore,

Permit No 65-387 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1883

Full Name of Deceased, { Write legibly and correctly. If an infant not named, give names of parents. } Mary A. Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 47 *Years,* *Months,* *Days*

Color, Col'd

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation Dress maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 255 Montgomery St

Cause of Death, First (Primary), Pneumonia

Second (Immediate) Typhoid fever

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 25 1883

Undertaker J. F. Hall

Place of Business, 47 S. Howard St

Wm Gombel M.D.
Medical Attendant.

Address, 702 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

19

Board of Health, City of Baltimore,

Permit No. 65382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

MAR 24 1883

Date of Death, March 22

Full Name of Deceased, { If unknown, or if child not named, give names of parents. } Edward [illegible]

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter or Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 883 Wilkens St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bonny Re

Date of Burial, March 24, 1883

Undertaker, Matthew Cudogan

Place of Business, 227 Mulberry St.

[illegible] M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65-383 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 24 1893

Date of Death, March 24. 83

Name, { Write legibly and spell } ..... { of parents. } Lewis S. Masterton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } ..... f

Age, ... *Years,* ..... *Months,* 13 *Days,*

Color Ca

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ..... Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } ..... 806 Howard st

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Croup

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharon

Date of Burial, March 25-

Undertaker, H Ross

Place of Business, ...

Geo. N. Simon M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 65384 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1893

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1883

Full Name of Deceased, {not named, give names of parents.} Rosa L. Cook

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* 7 *Days,*

Colored

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 133 Chestnut st

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of breast

Duration of Last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, March 24 1893

Undertaker, William N Lungf

Place of Business, No 628 E 4th

E. A. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 65880 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felipe Reyes

Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Spain

Duration of Residence in the City of Baltimore, 3 1/2 yrs

Place of Death, {Give street and Number.} 17 N. 12 St. Roy. & Dutt

Cause of Death, First, (Primary,) Cerebro Cerebellar Apoplexy

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 26. 1886

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Ave *Address,*

L. Wilson M. D.
Medical Attendant.

H. L. Bucky

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 65386 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1883

CERTIFICATE OF DEATH.

Date of Death, March 24/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hilyard.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ Years ____ Months ____

Color, White

~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 1883

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem Av. Calhoun & Pt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65587 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} James H Emory Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number,} 212 Chestnut Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Shorpe Cemetery

Date of Burial, March 24 1883

Undertaker, Wilson Dunger

Place of Business, No 62 Exeter

J. W. C. Cuddy.
Medical Attendant.

Address, 137 W. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 65385

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65386 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 24 1883

CERTIFICATE OF DEATH.

Date of Death, March 23

Full Name, { Write legibly and spell of parents. } Rosa Ray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 55 Stockholm

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M P

Date of Burial, March 23

Undertaker, Kerdmen

Place of Business,

Geo. F. Ames M. D.,

Medical Attendant

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible] for Burials in the Limits [illegible] to the Remarks below, and to Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15389 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 23 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 113 Pat Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 113 Pat Ave

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial. Mar 25th

Undertaker, John R Monaghan

Place of Business, 320 Penna Ave

G. W. Toms M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15850 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 112 McClennaghs Street

Cause of Death,
First, (Primary,) Phthisis pulmonalis Lobi
Second, (Immediate,) Exhaustion

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 26/83

Undertaker, J N Jackson

Place of Business,

Milton N Taylor M. D.
Medical Attendant.

Address, 138 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

MAR 25 1883
BALTIMORE, MD.

Board of Health, City of Baltimore,

Permit No. 66391 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1883

Full Name of Deceased, { correctly. If an infant not named, give names of parents. } [illegible]

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 4 Wagner al

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, March 24 1883

Undertaker Hercules Rossi

Place of Business, 95 Conway st *Address,* Corner

Alexander Finlay M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases in Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66392 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 24" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Dunn

Sex, Male or Female, {required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and Number.} 2 Bryson st

Cause of Death, First, (Primary,) Cholera Infan

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 25

Undertaker, B. Hartz

Place of Business, 82 West ft

O'Clarke M. D.
Medical Attendant.

Address, 170 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 65393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAR 23 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alonzo Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 9 *Months,* *Days.* ✓

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Child

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pocomoke City, Md

Duration of Residence in the City of Baltimore, 3yrs

Place of Death, {Give street and number.} 776 W. Balto St

Cause of Death, First, (Primary.) Injury to Ulnar Fracture

Second, (Immediate.) Tetanus

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Pocomoke City Md

Date of Burial, March 25-1883

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 467 W. Lafayette

L. Bitting M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...respectfully invited to the Funeral ... of Interment on back of this Permit.

Board of Health, City of Baltimore,

Permit No. 65394 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 25 March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant has no name, give names of parents.} James Trippett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number,} 435 Light St

Cause of Death, First (Primary), Senility (no Doctor)

Second (Immediate),

Duration of Last Sickness, Not Stated

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem G. H. Larsen M. D.

Date of Burial, 26 March 83 ~~Medical Attendant~~

Undertaker Armstrong & Denny

Place of Business, 263 Light St *Address,* Cor. of Leuth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 65396 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 23/83

Full Name of Deceased, { correctly. If an infant not named, give names of parents. } Isaac Wallace

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } W. 1 Herring Court

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn & Cemetery

Date of Burial, Mar 25th 1883

Undertaker [illegible]

Place of Business, [illegible]

R W Mansfield M. D.
Medical Attendant.

Address, 117 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause ... date of death, except in cases of births and deaths of illegitimate children [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65896 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of a full Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 25 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 23 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence May Gosnell

Age, 9 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 108 Argyle av

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Mar 26

Undertaker, C W Bliggard

Place of Business, 198 Pa Av

J. W. C. Cuddy — M. D.
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 65347 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1983 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 25

Name, { Write legibly and spell } Julia Grossell
{ of parents. }

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 108 Argyle Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever.

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Mar 26

Undertaker, C. W. Blizzard

Place of Business, 198 Penn

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 W. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 65398 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A. Cassell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 12 N. Allington Avenue

Cause of death, First, (Primary,) Carcinoma

Second, (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial March 26

Undertaker, J B Cook

Place of Business, 709 W Baltimore

Edmund B Jones M. D.
Medical Attendant.

Address, 561 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.. [over

The Special Attention of [illegible] is respectfully invited to the [illegible] below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65399 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 25 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, [illegible] 24 83

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} John Peterson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* [illegible] *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 41 S. Carlton

Cause of Death, First, (Primary,) Brain Dr

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 25

Undertaker, L B Cook

Place of Business, 707 W Baltimore

H. L. Slicer M. D.
Medical Attendant.

Address, 879 W. Lombard St.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Registrars is respectfully invited to the Remarks below, and to List of Diseases on Back of this form.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 65400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, or, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 25 1883

CERTIFICATE OF DEATH

Date of Death, March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Rockwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 Years, 8 Months,

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 213 Ramsey st

Cause of Death { First, (Primary,) Pleurisy
Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 26

Undertaker, J W Ecol

Place of Business, 704 W Baltimore

F. N. Benson M.D.
Medical Attendant

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi

18

Board of Health, City of Baltimore,

Permit No. 65407

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 25 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Linnus Kummer Gregory

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 19 Months, 19 Days

Color, White Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hillville Balto Co Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number.} 175 Warner St.

Cause of Death, First (Primary,) Croup

Second (Immediate,) Apnoea

Duration of Last Sickness, 5 hours.

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park

Date of Burial, March 26

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

8

Board of Health, City of Baltimore,

Permit No. 65402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAR 25 1883
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Philip E. Eberle

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 32 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Runner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 124 E. Eager St

Cause of Death { First, (Primary.) Second, (Immediate.) Paralysis

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 27 1883

Undertaker, Henry Hoeck

Place of Business, 329 Eastern Ave Address, 187 W. Biddle St

Tho. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6540 3 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustha Stathoz

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Year

Place of Death, {Give street and Number.} 298 Eastern Ave

Cause of Death { First (Primary), Consumption Lungs

Second (Immediate), Expiration

Duration of Last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 26th 1883

Undertaker Caspar Eckhardt

Place of Business, 209 Eastern Ave *Address,* 2451 Baltimore

J Summers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Undertaker is Respectfully Invited to the Remarks Below, and to List of Diseases on BACK of this Certificate.

Board of Health, City of Baltimore, 2

Permit No. 65407 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1885

CERTIFICATE OF DEATH.

Date of Death, March 25, 1885.

Full Name of Deceased, {correctly. If not named, give names of parents.} Louis Bussmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 21 Years, 9 Months, [illegible] Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany about two weeks

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 164 Eastern Ave.

Cause of Death, First, (Primary,) Bronchs.

Second, (Immediate,) Diarrhoea Collapse

Duration of Last Sickness, about two weeks. Drawn contractor on ship board.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26th 1885

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave.

John M. Lowman M. D.
Medical Attendant.

Address, 244 E. Fed'l St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] this

Board of Health, City of Baltimore,

Permit No. 65405 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1893

CERTIFICATE OF DEATH.

Date of Death, 24 March 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmine [redacted] Keller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {City street and number.} No 26 Albemarle St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th

Undertaker, George Schilling

Place of Business,

Fred. Hess, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65706 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 24 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 289 Cross

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, March 26. 1883

Undertaker, Coolahan & Evans

Place of Business, Valley & Eager Sts Address,

S Littlefield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4717

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65407 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 26 1883

Date of Death, March 25th

Full Name of Deceased, {correctly. If an infant not named, give names of parents.} Joshua & Mary Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 11 Little Montgomery St.

Cause of Death, First (Primary), ...

Second (Immediate) Apoplectic Apnoea

Duration of Last Sickness, 2 days

All the above info matter should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 26 1883

Undertaker Hercules Rossi

Place of Business, 95 Conway St *Address,* 26 & Sharp St.

L. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 66408 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Pettigord

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co., Md.

Duration of Residence in the City of Baltimore, Almost life

Place of Death, {Give street and Number.} 82 Chew St

Cause of Death, First, (Primary,) Brights

Second, (Immediate,)

Duration of Last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27 1883

Undertaker, John W Jackson

Place of Business, Gay & Cordner's *Address,* 324 N. Broadway

H. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65409 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 24 1883

Full Name of Deceased, { Write legibly and if not named, give names of parents. } Vernon Hodges

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 7 S. Central Ave

Cause of death, First, (Primary,) Meningeal Croup

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Medical Attendants: L. A. Thomas M. D.,

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted, and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65718 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883 1B

CERTIFICATE OF DEATH.

Date of Death, March 24. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months,* —— *Days*

Color, White

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.} ——

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and Number.} 118 Eutaw St

Cause of Death, First, (Primary,) Abdominal Aneurism

Second, (Immediate,) Its Rupture

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 27th March 1883.

Undertaker, Holt Jenkins & Lord

Place of Business, Cor Saratoga St.

J. E. Atkinson M. D.
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

12 Board of Health, City of Baltimore,

Permit No. 65-4118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lewis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 416 Park Avenue

Cause of Death {First, (Primary,) Acute attack of Bright's disease of the

{Second, (Immediate,) Same

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 27th 1883

Undertaker, Wm Watkins & Son

Place of Business, Park & Saratoga Sts

Jno. Lloyd Martin M.D.

Medical Attendant

Address, 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 6542

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6542 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa E Hackman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 11 *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 427 Saratoga

Cause of Death, First, (Primary,) Puerp. Convulsion

Second, (Immediate,) Stupor

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 27th 1883

Undertaker, Jos H Cook

Place of Business, No 707 N Baltimore St

W. F. & A. Kemp M. D.
Medical Attendant.

Address, 55 No. Grant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65413 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26? 1883

CERTIFICATE OF DEATH.

Date of Death, March 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Christoph Demm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or, Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 115 Lombard St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Sudden - supposed to have attack the heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Lawson

Date of Burial, March 28

Undertaker, J Koelsch

Place of Business,

J. K. Wilson M. D.,
Medical Attendant.

Address, 15 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children."

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65414 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Donnelly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 311 E. Pratt St.

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas' Cem.

Date of Burial, March 27th 83

Undertaker, G. France

Place of Business, Hunt & Wolfe

John Bellemann M. D.
Medical Attendant.

Address, S. W. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

26 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Holtshue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 18 *Days*

Color, white *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 47 Durham st N

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. James. Cem

Date of Burial, March 26 83

Undertaker, G. Frazer

Place of Business, Bank & Wolfe sts

Jno. L. Bunzy M. D.
Medical Attendant.

Address cor Bdy & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65416 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E. Bonawell

(Cross out the word not)

Age, 33 *Years,* ... *Months,* ... *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac County Virginia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and Number.} 128 Collington Avenue

Cause of Death, First, (Primary,) ...
Second, (Immediate,) Consumption

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Accomac County Va.

Date of Burial, March 26th 83 Nicholas L. Sathill, M. D., Medical Attendant.

Undertaker, G. Frank Lee

Place of Business, Bank & Wolfe *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 65417

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65417 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Funk

( ) (Cross out the word not required.)

Age, — *Years,* 4 *Months,* 16 *Days.*

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 310 Gaunt Ave

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 26th/83

Undertaker, Jno. Ferro

Place of Business, 382 Orleans

S. H. Hunter M. D.
Medical Attendant.

Address 26 Gaunt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65418 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, Saterday March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Francis Holler

Sex, Male or Female, {required in this line.}

Age, ____ *Years,* 6 *Months,* 28 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth ✓

Place of Death, {Give street and Number.} 89 Patapsco St

Cause of Death, First, (Primary,) Dentation & Gastrelis

Second, (Immediate,) Dentation & Gastrelis

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St James Br

Date of Burial, 26 March

Undertaker, W Dippel

Place of Business, 151 S Bond St

J. E. Prichard M. D.,
Medical Attendant.

Address, 28 O. Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 02419

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65419. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, { If not named, give names of parents. } Augusta Schaeer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country; and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } # 150 Eastern Av

Cause of Death, First (Primary), Enteric Colitis

Second (Immediate) .....

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, 26 March

Undertaker W Dysart

Place of Business, 151 S Bond st

John H Kelberger M. D.
Medical Attendant.

Address, 2433 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

4

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 26 Tacke

Full Name of Deceased, {If not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 3 Months, 10 Days

Color, white Sex, Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 112 N Exeter St

Cause of Death, {First (Primary,) Paralysis with
Second (Immediate,) Suppression of Urine

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Phillipsburg New Jersey

Date of Burial, March 28 1883

{Undertaker, James P Coyne
{Place of Business, No 63 N Front St

Dan'l Benjamin M. D.
Medical Attendant.

Address N Cor Broadway & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65421 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Beibel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* 26 *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 255 Hanover St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27th 1885

S Lindsay M. D.
Medical ~~Attendant~~.

Undertaker, Ph. Deeivald

Place of Business, 35 S. Eutaw *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over}

643-22

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

March 26, 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mylander

Male

Age, 60 Years, Months, D

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 158 N Carrollton Ave

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 27th 1883

Undertaker, Henry Mutchler

Place of Business, 534 Fayette St

Joshua A Penington M. D.
Medical Attendant.

Address, 154 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65423 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C C Buehler Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 22 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 121 Lexington st

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 26th 1883 W. R. Buchanan *M. D.,*

Medical Attendant.

Undertaker, Jenny & Mitchell

Place of Business, 560 W. Pr. *Address,* 582 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, in which the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 67

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Branson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 83 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County, Maryland

Duration of Residence in the City of Baltimore, 75th years

Place of Death, {Give street and number} 70 N. Calvert St.

Cause of Death { First, (Primary,) Old age
Second, (Immediate,) Paralysis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, March 26th 1883

Undertaker, Edwin N. Hutchins

Place of Business, 580 W. Pratt

Jas. S. Latimer M. D.
Medical Attendant.

Address, 167 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65423 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883

Full Name of Deceased {Write legibly and spell correctly. If an Infant, of parents.} Margaret D Harris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 214 Caroline

Cause of death, First, (Primary,)

Second, (Immediate,) Bright Disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Essex Co Va

Date of Burial, March 27th 1883

Undertaker, Denny & Hutchins

Place of Business, 330 W F

M. K. Mason M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65426 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, {Write legibly and spell; if not named, give names of parents.} Conrad Meier

Sex, Male or Female, {Cross out the word not required in this line.}

56 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} Dr. Enslow's Store Block Line & Stockholm Sts

Cause of Death,
First (Primary),
Second (Immediate). Heart Hypertrophy

Duration of Last Sickness,

All the above info mation should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, March 27th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 161 S. Eutaw St

Chas. F. Beck M. D.
Medical Attendant
8 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63-427 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1893

CERTIFICATE OF DEATH.

Date of Death, March 26th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward O'Brien

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 152 Dillon St

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 26-93

Undertaker, Sandy Orr

Place of Business, 202 Cordin

J. H. Chatham M.D.
Medical Attendant.

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 65426 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 20 1883

CERTIFICATE OF DEATH.

Date of Death, March 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Ellis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Computer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 615 Light St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 27th Theodore Cooke M. D.

Medical Attendant.

Undertaker Fred. N. Ziroll

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65429 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

March 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Phillips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State in country, and now long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Chronic Bronchitis & Emphysema

Second, (Immediate,) Pulmonary Haemorrhage

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

H West M. D.,
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

This Special Attention of Physicians ... Directions to the Undertaker Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6520 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 24 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Roberts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Colo

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and Number.} 18 Boston St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, Mar 25 1883

Undertaker, G W Hendley

Place of Business,

G Law Dorsey M. D.

Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Ed Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adelaide Scroggins

Sex, ~~Male~~, Female, {Cross out the words not required in this line.}

Age, ~~Years~~, Eleven (11) Months, Days

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 13. Stockton Alley.

Cause of Death, First (Primary,) Remittent (Congestive)

Second (Immediate,) Convulsions. Coma.

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 26th 1883

Undertaker, Wm. A. Dunnigan

Place of Business, 62 East St.

J. T. Barlow M.D.
Medical Attendant.

Address, 244 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

For special Attention of ... and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65432 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death March 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gurlie Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* — *Months,* 28 *Days.*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 54 Hanover Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, About 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 26th 1883

Undertaker, S. M. Chase

Place of Business, 195 S. Howard St

B. H. Herman M. D.,
Medical Attendant

Address, 176 N. Caroll St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65483 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death 25th March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kaps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 8 *Months,* 5 *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and Number.} E. Lombard Street 241

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Mar 27

Undertaker, Fred. Geade

Place of Business, 23 South Caroline

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 65434 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas H. Spear

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Book Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, About a week.

Place of Death, {Give street and Number.} Balto. City Hospital

Cause of Death. First (Primary). Bright's Disease

Second (Immediate). Uraemia.

Duration of Last Sickness. Three days.

All the above information should be furnished by the Physician.

Place of Burial. Cambridge Mass

Date of Burial, Shipment March 26th

Undertaker Geo Schilling

Place of Business,

J. W. Bowers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Lee Carter

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 Years, 11 Months, 12 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number} ~~No.~~ 47 N. Calvert St. Balto. Md.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Asthenia

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 27/83

{Undertaker, Blizzard

{Place of Business, Pulaski Ave

Nathan R. Gorter M. D.
Medical Attendant.

Address, 23 Hamilton St.

Extract from Regulations of the Board of Health relative to and enforced by the Registrar of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65436 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 '03

CERTIFICATE OF DEATH.

Date of Death, March 24 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Annie L Lewis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 16 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Jenkins al + Preston

Cause of death, First, (Primary,) Diaphtheria. Diphtheria, was dead

Second, (Immediate,) when I was called

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, M P C

Date of Burial, March 26

Undertaker, J Kershner

Place of Business,

{over}

R. Winslow M. D.,

Medical Attendant.

Address, 201 W Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6543 7 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH

Date of Death, 1 March 24. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Timberlake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 5 Rowe St

Cause of death, First, (Primary,) Pertussis.

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 84

Undertaker, Wm H. Bishop Jr.

Place of Business, 97 Druid Hill Ave

O Edw Janney, M. D.,
Medical Attendant.

Address, 242 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65438 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

March 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W Konnen

Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 60 S Register St

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 27

Undertaker, J Henrici

Place of Business,

Geo. N. Dimsn M. D.,
Medical Attendant.

Address 60 S Register St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health. City of Baltimore,

Permit No. 60439 *Office of Registrar of Vital Statistics.* Ward 5th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th, 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tin Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} No 8 Douglas St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Collateral Hypræmia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 188

Undertaker, Charles A White

Place of Business, 95 Granby St *Address,* 226 E. Monument St

J. E. Heard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[over]

Henry A Taylor Colored

No. 63440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63440 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 1883

Date of Death, March 26/83 Infant Co

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Strahn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,* ✓

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 E. Fayette St

Cause of Death, First (Primary), Convulsions

Second (Immediate) .....

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 26th 1883

Undertaker Henry F. Mears

Place of Business, 46 N. Gay St *Address,* 57 Lexington St

Edward Duffield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65441 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death March 26 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lelia Fan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 103 1st Fremont St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Lungs.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 27-1883

Undertaker, Chas Grau & Sons

Place of Business, Light & Montgomery

Geo A. Rusk M. D.,
Medical Attendant.

Address Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Jno F. Dudley

Board of Health, City of Baltimore,

Permit No. 65442 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 26 1883

Date of Death, March 26th 1883

Full Name of Deceased, { Write legibly and spell not named, give names of parents. } Conrad Wolf

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age 77 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and Number. } 1115 Forest Ave

Cause of Death, { First, (Primary,) Drowned Suicide while labouring } { Second, (Immediate.) under temporary obscuration of the Mind }

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial 5th Reformed St Cemetery

Date of Burial, March 27th 1883

Undertaker, Wm Nicolaus — Ch. Th. Morfit M. D.

Place of Business, 258 Nicolaus — Coroner & D — Medical Attendant.

Address, 62 Ellicott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66443 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, [illegible] March 23

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Long

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 2 *Days.*

Color. White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation. —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 24 Hanover Alley

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial. Green Mount Cemetery

Date of Burial, 27th March 1883

Undertaker Thomas Jackson

Place of Business, 63 N. Eutaw St. *Address,* 24 S. Hanover St.

J. Mathieu M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Call Special Attention of Physician to Importance of Attached to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65447 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1883

{Write legibly and spell} William Kissner
{of parents.}

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, ~~Single, Widow, or Widower~~ {Cross out the word not required in this case.} Married

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States if of foreign birth.} Easton Talbot Md.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 22 Exeter St

Cause of Death, First, (Primary,) Pythisis Pulmonalis

Second, (Immediate,) Dimorrhoea Colliquativa

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas Town

Date of Burial, Mar 26th 1883

Undertaker, J J Lewis

Place of Business, 443 Jefferson

Chas H Thomas M. D.,
Medical Attendant.

Address, 258 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66446 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 26 1883

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

61 Years, Months, Days.

Color, Black

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 20 Leigh ass 11

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart disease

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Mar 26 1883

Undertaker, J J Lee

Place of Business, 973 Jeffers 2d

Jh. Connolly M.D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65446 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 26 1883

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis L Drager

{Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 41 E. Lombard

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 Mons.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 26

Undertaker, H Deppe

Place of Business,

F G. Comrey M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians ... is invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65447 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Annie L ...

~~Male~~ *Female,* { Cross out the word not required in this line. }

Age ... *Years,* 8 *Months,* ... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~ ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 81 E. Wolfe

Cause of Death { First (Primary), Angina membranacea

Second (Immediate), Suppuration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 28th 85

Undertaker G. Frazier

Place of Business, Bonts & Wolff *Address,* 245 E. Baltimore

J Hattrick M. D.
Medical Attendant.

MAR 27 1885

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65248 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 1883

Date of Death, March 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Smith

Sex, ~~Male or~~ Female, {required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty four Years

Place of Death, {Give street and Number.} 156 Gough St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Old age

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, March 27th 83

Undertaker, G. France

Place of Business, Ponts & Wolfe

Nicholas L. Dashiell, 8th M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 65449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 27 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Noonan

Sex, {Cross out the word not required in this line.} Days. Months, 1

Age, 19 Years,

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ~~single~~ married ✓

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} no 5 E. Fayette St

Cause of Death, First, (Primary.) childbirth

Second, (Immediate.) Septicaemia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 27th 1883.

Undertaker, Daniel Flynn

Place of Business, 109 West St

A. H. Thomas M.D.,
Medical Attendant.

Address, 119 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65450 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 2 1883

Date of Death, March 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Reing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* [redacted] *Months,* [redacted] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor. John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 27th 1883

Undertaker, Cook

Place of Business, Balto St

Thos Brooke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65451 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 21 1883

Date of Death, Margaret Oetter

Full Name of Deceased, {Write legibly and spell out. If not named, give names of parents.} March 25th 1883

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 1 *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 46 Lancaster st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 27th 1883

Undertaker, Leonhard Peurr

Place of Business, 27 S. Bond Street

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67762 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 27 1883

Date of Death, Sunday March 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Heuter.

Sex, Race or Color, if married, single or widowed, and registered in this City, [illegible]

Age, 2 *Years,* 6 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 146 Greenmount Ave.

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,) Exhaustion from high Temperature from Inflamed Throat.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday March 29th 83

Undertaker, Conrad Heuter

Place of Business, 231 Hanover St

Wilmer Bruton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 65245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 March 1883

Full Name of Deceased, {Write legibly and spell. If an Infant not named, give names of parents.} Margie Pruitt

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~13~~ — *Years,* — *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 1 Dent alley

Cause of Death First, (Primary.) Gastritis

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius C

Date of Burial, March 27

Undertaker, B. McCall

Place of Business, 82 West St.

Geo G Brewer M.
Medical Attendant.

Address, 136 Pacific ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 65464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1883

CERTIFICATE OF DEATH

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz Scott Hunter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 1 W 54 N Eliz St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) On Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, March 27 1883

Undertaker, William Berger

Place of Business No 62 East St

O S Mahon M. D.
Medical Attendant.

Address E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65466 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 25, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Lang, Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 1 Parish alley.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 27 1883

Undertaker, Wm. Lamb Berger

Place of Business, No 62 Eastern Ave

O. Edw. Janney, M. D.
Medical Attendant.

Address, 215 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 2 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65456 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 1883

Date of Death, March 25th

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give name of parents.} Bell Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 298 Raborn St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 27

Undertaker, Wm Dugan

Place of Business,

Geo. W. Dugan

McOrear Avenue

Address Cor. of Stiles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6542

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64457 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 2 1883

Date of Death, Mch 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Infant of Hartland Lee

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1 Mon *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and Number.} 12 Bogle St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharpe

Date of Burial, Mch 27

Undertaker W R Thayer

Place of Business, ____

Geo. H. Denson M. D.
Medical Attendant

Address, City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63-458 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 2 1883

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of John & Ida [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 175 Elliott St

Cause of Death, First, (Primary,)

Second, (Immediate,) Stangles

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 27

Undertaker, Denny & Whitehead

Place of Business,

Geo. W. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. — [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 65-45-9

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 27 1883

Date of Death, [illegible] March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Watson

Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 3 quarters

Place of Death, {Give street and number.} 87 N Eden st

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 28th 83

Undertaker, Wm Jenkins & Son

Place of Business, Park & Saratoga Sts

F. Dan Rees M.D.,
Medical Attendant.

Address, 2 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

12 Board of Health, City of Baltimore,

Permit No. 65460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 2 1883

CERTIFICATE OF DEATH.

Date of Death, 26 March 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. Summer Parker

male

Age, 40 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 145 Balto St

Cause of Death, {First (Primary,) Disease of Heart / Second (Immediate,) Pneumonia (Intercurrent)

Duration of Last Sickness, abt. 6 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 29th 1883

{Undertaker, Denny & Mitchell / Place of Business, 66 S. Broadway}

J. Amallon M.D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66461 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 2 1883

Date of Death, March 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} I Willis Schad

Sex, Male or Female, {Cross out the word not required in this line.}

Age Years. 1 Months. 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Druid Hill ave

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 28

Undertaker, Walter Emmert

Place of Business, 345 W. Fredk

Calet Winslow M. D.;
Medical Attendant.

Address, 223 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65462 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch. 26. '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 2 1/2 *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 110 E. Biddle St.

Cause of Death,
First, (Primary,) Meningitis (Cerebral)
Second, (Immediate,) Effusion

Duration of Last Sickness, 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.
Date of Burial, March 27th 1883
Undertaker, Wm. H. Eichman
Place of Business, 234 N. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.
Address, 305 E. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6376

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} James Henry Carr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three Years, Eight Seven Months, Twenty-Two Days

Color, Colored Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmer Alley No. 20 Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 7 Brewers Alley

Cause of Death, {First (Primary,) Diptheritis / Second (Immediate.) Debilitas & Dyspnoea

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27th 1883

{Undertaker, Wm J Gray / Place of Business, 63 Mulberry

J. W. Glocker M. D.
Medical Attendant.

Address No. 90 Division St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate stating facts, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65464 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 27 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, three *Years,* five *Months,* twenty three days.

Color, ed

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 9 Herring Court

Cause of death, First, (Primary,) Gastric Irritation

Second, (Immediate,) Cerebritis

Duration of Last Sickness, forty eight hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowell

Date of Burial, March 28th 83

Undertaker, March & J Jacoby

Place of Business, 73 E Jefferson

Gustin Way M. D.,
Medical Attendant.

Address, 17 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65465 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 27 12 1883

CERTIFICATE OF DEATH.

Date of Death, March 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Borchardy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, House Painter

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Died from injuries received

Second, (Immediate,) from a fall while painting at Bancroft House

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 28 1883

Undertaker, Matthew Cudogan

Place of Business, 227 Mulberry St

F. G. Connolly M. D.,

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65466 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 27 1893

Date of Death, March 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magnella Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 Yrs *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 Maryland Ave

Cause of death, First, (Primary,) Cerebro Spinal Fever

Second, (Immediate,)

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 28th 1893

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St *Address,*

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Katharina Schmeltz

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 71 Years, 4 Months, 18 Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 191 Franklin St

Cause of Death {First, (Primary,) Apoplexia Cerebri

Second, (Immediate,) Paralysis

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 28th 1883

Undertaker, Louis Schaefer

Place of Business, 109 N. Fremont St. *Address,* 137 W. Fayette

R. Ruhrmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

No. 63461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 65468 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883 MAR 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Cross

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, General yrs

Place of Death, {Give street and Number.} 206 Hanover Ave

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, failing for several yrs

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County Md

Date of Burial, March 28th 1883

Undertaker F. Lewis Schaefer

Place of Business, 109 N. Fremont St. *Address,* 256 E. Pratt St

M. B. Billingsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Book 63407

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65469 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Smeltzer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 7 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} near Devers River Ferry A A Co Md

Duration of Residence in the City of Baltimore, Thirty (36) years,

Place of Death, {Give street and Number.} Nr 689 W. Fayette St. Balto.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Mch. 28: 1883

Undertaker, Cook

Place of Business, Balto St

(Pembroke M. Womble) M. D.
Medical Attendant.

Address, Nr 205 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4374

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65470 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Thos Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 515 Hfadeira alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mch 28

Undertaker, J Locke

Place of Business, ...

Geo. H. Dorsey M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65471 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 903 Hanlon

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. March 28

Undertaker, H Ross

Place of Business, 95 Conway *Address,* 108 Hanover

H. K. Wiley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66-172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine J Pope

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,*

Color, W.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, since quite young

Place of Death, {Give street and number} 414 N Fayette

Cause of Death {First, (Primary.)} Pneumonia

{Second, (Immediate.)} Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 29th March 1882

Undertaker, Holt, Limited & Sons

Place of Business, Park & Saratoga Sts *Address,* 114 Park Ave

J E Chataud
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 6547

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65473 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29 March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Cohen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 Years, 9 Months, 2 Days

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 20 Somerset

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 6 5 Months

the above information should be furnished by the Physician.

Place of Burial, Mt James Cemetery

Date of Burial, March 29, 1883

Undertaker Henry Hoen

Place of Business, 384 Central ave *Address,* 54 Chapel

C. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66474 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1883

Date of Death, March 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Bayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years.* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Comb Maker

Birthplace, {State or Country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 151 Sterling St.

Cause of Death, First, (Primary.) Chronic Diarrhea

Second, (Immediate.) Bright's Kidney Disease

Duration of Last Sickness, about nine years

All the above information should be furnished by the Physician.

Place of Burial St James Cemetery

Date of Burial, March 30, 1883

Undertaker, Henry Hoeft

Place of Business, 309 Central av

F. A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

No. 65470 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Hardesty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 47 N Exeter St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Coma

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Mch 28th 1883

Undertaker, Henry Hillcoat

Place of Business, 570 W Fayette

L. Shell M. D.,
Medical Attendant.

Address, 148 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65476 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1202 1883

CERTIFICATE OF DEATH.

Date of Death, March 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Constance Cecelia Faller

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 218 N. Fulton Ave

Cause of Death, First, (Primary,) Malignant Scarlatina

Second, (Immediate,) This patient was recovering from a severe attack of Capillary Bronchitis when attacked with scarlatina.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Mch 28th 1883

Undertaker, Denny & Mitchell

Place of Business, 200 W Fayette *Address,* 322 Hollins st

John Hood *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

No. of all Permits 65477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65477 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 28 2 1883

Date of Death, March 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Franklin Demuthert

Sex, Male or Female, {Cross out the word not required in this line.} ~~883 W. Baltimore~~

Age, ... *Years,* ..... *Months,* 4 *Days.*

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Married~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 885 W Baltimore

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cyanosis

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 28th 1883 W. R. McAnew M. D.

Medical Attendant.

Undertaker, D Emmy & Mitchell

Place of Business, 55 W Fayette St *Address,* 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 65478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65478 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances L Lyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days.* V

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 295 Aisquith St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 months.

the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mch 29th 1883

Undertaker D Emmy & Mitchell

Place of Business, 553 W Fayette *Address,*

A R Duvall M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17 Permit No. 6-479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 1883

Date of Death, 27 March 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Poutt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt^o

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} No 1 Dust Alley

Cause of Death First, (Primary,) Puerperal Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius C.

Date of Burial, Mar 28

Undertaker, B. Mayle

Place of Business, 82 West St.

Geo G. Brewer M.D.
Medical Attendant.

Address, 136 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 65480

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 65480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAR 7 28? 1893

CERTIFICATE OF DEATH.

Date of Death, Mch. 27th. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. N. Watts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Blk Months, 12 Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md. Whole Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 243 Dorsett St. Premature Birth

Cause of Death, { First, (Primary.) Asthenia Second, (Immediate.) 12 do.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 28th Mch

Undertaker, Mr. Duffy

Place of Business, E St

D. C. Smith M.D.
Medical Attendant.

Address, 106 Columbia

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2:—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6548 / *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 28 1883

Date of Death, March 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Hyman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow, or Widower~~, { Cross out the word not required in this line. } Married

Occupation, House Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } No 26 May st

Cause of Death, { First, (Primary,) Cancer of the Liver
Second, (Immediate,) .....

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1883

Undertaker, S. W. Chase

Place of Business, ...

March 28th 1883

Thomas B. Evans. M. D.
Medical Attendant.

Address, Jackson Place No 22

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65782 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 28 1893

Date of Death, Sunday March 27th 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Three *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow, Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} 64 Stockholm St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) —

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial Mount Auburn

Date of Burial, March 28 1893

Undertaker Sam'l. W. Thomas

Place of Business, 198 S. Howard St.

H. A. Nelson M. D.
Medical Attendant.

Address, Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 65283

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65283 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 1893

CERTIFICATE OF DEATH.

Date of Death, March 26th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Edna Metheny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 14 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 560 W. Baltimore

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 27 1893

Undertaker, William Wenger

Place of Business, No 62 East Pratt

A. Robertson M. D.,
Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 65484

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann O'Laughlin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 57 N. Eutaw St

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 29th 1883

Undertaker, Hy W. Mears

Place of Business, 45 N. Gay St

J. J. Mackenzie M. D.
Medical Attendant.

Address 67 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 65483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 65483 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 29 1893

CERTIFICATE OF DEATH.

Date of Death, March 26/93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Landagrin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 26 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 26 N. Lanvard St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Interstitial Meningitis. Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 28th 1893

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 54 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 65486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65486 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1893

CERTIFICATE OF DEATH.

Date of Death, March 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Amos Morbin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Eleven *Months* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fowlers Park

Date of Burial, Mar 28

Undertaker, C M Blizzard

Place of Business, 198 Pratt

T. A. Ashby M. D.
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

for Burials, to the Office ... Saturday of ... 1883

The Special Attention of Phys... is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 62487 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOTE 7282 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Abier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hosp

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 28

T. A. Ashby M. D.,
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 198 Penn ave

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

No. 65488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65488 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

MAR 28 1883

Date of Death, March 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Moore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 169 Thames St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, March 28 1883

Undertaker Jas F Byrne

Place of Business, Front st

Geo Lynch M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully ... Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 6548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lucas

{Cross out the word not required in this line.}

Age, 50 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} ~~44~~ N Bond St 36

Cause of Death { First, (Primary.) Septic Fermentation exhaustion
Second, (Immediate,) Congestion of the Brain & Lungs

Duration of last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemt

Date of Burial, March 30th 1883

E George Wallis M. D.
Medical Attendant.

{ *Undertaker,* Jas F Byrne
{ *Place of Business,* Frederick

Address, 471 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65299 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 28 1883

Date of Death, March 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kearns

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 33 Ettings st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial Ns Cath. Cem'y.

Date of Burial, Mar 30. 1883

Undertaker Henry Watkins & Son

Place of Business, Park Sq. & Pa. *Address,* 115 W. Monument st

C. O'Donovan M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 65491

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65491 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Woodlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Unknown

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} # 6 Jones Ct

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, March 28th 83

Undertaker, Jn Coleman

Place of Business,

Vos V. Fitzpatrick

Address, Sanitary Police

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6[illegible]92 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Munn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} Balto. City Hospital.

Cause of Death. First (Primary).

Second (Immediate). Cerebro-Spinal Meningetis.

Duration of Last Sickness. Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Mch 26.

Undertaker Wm Coleman

Place of Business,

J. W. Bowers M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

No. 63793

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63793 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 202 1893

CERTIFICATE OF DEATH.

Date of Death, Mch 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } unfarsh Son of J Carrs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 5 hours *Days.*

Color, Ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 4 Smiths ch.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ?E?O

Date of Burial, Mch 27

Undertaker, W Coleman

Place of Business,

Geo. W. Dixon M. D.,
Medical Attendant.

Address, Bm ? Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6549[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6549[illegible] *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 28 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel G Abham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Boxmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 123 Hamburg St.

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate),

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, March 29th.

Undertaker F. N. Tout

Place of Business, #131 Hanover *Address* 170 S. Sharp St.

Wm Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... it Interesting ... to the ... and to ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6649 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 7 2 52 1883

Date of Death, March 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 9 *Months,* *Days.* V

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland U. S. A.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 85 Jefferson St.

Cause of death, First, (Primary,) Pneumonia ending in Phthisis

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Maryland Cemetery

Date of Burial, March 28th 1883

Undertaker, J. F. Duffy

Place of Business, 473 Jefferson

Jno. S. Lincoln M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 65476. *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Bertha

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 14 *Months,* ..... *Days.*

Color, W/L

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 152 E. Durham St.

Cause of Death.

First (Primary), Acute Meningitis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, 57 Western Ave

Date of Burial, Laurel Cemetery

Undertaker T. J. Locke

Place of Business, 73 Jefferson st

C. W. Mansfield M. D.
Medical Attendant.

Address 170 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6549 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} District of Columbia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 384 McHenry alley

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, I don't know

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 29th

Undertaker, John Palus [illegible]

Place of Business, 66 Fredrick *Address,* 319 Hollins ave

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65496 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 29 1883

CERTIFICATE OF DEATH.

Date of Death, March 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily R Kurtz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Canada Colman

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 388 Hanover St

Cause of Death, First (Primary), Excessive use of Alcohol

Second (Immediate), Chronic Alcoholism

Duration of Last Sickness, 146 Hanover St

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 29 1883

Undertaker Aquebogue Dunn

Place of Business, 263 Light

Lewis Hoffa M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 6507 99

...who attended any person in a last illness is responsible for the presentation of this Certificate, ... Undertaker or other person superintending the burial, within ~~forty-eight~~ *four* hours after the death of said ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Blair

Male, Female, {cross out the word not required in this line.} Female

Color, Race, Age Colored 85 Years, Months, Days

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~~Laundress~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} 354 West 84

Cause of Death { First, (Primary,) Old age
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March. 29

Undertaker, Geo W. Perkins

Place of Business, 130 Hanover

R. C. LeCompte M.D.
Medical Attendant

Address, Hanover & Bar...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...And be it further enacted and ordained, That whenever any person shall die in the said city, it shall ... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... ...hereof within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ... ...ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... ...deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65500 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Coleman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Md.

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give Street and Number. } 43 S. Washington St.

Cause of Death, First (Primary), Carcinoma of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 31st 1883

Undertaker Henry J. Mitchell

Place of Business, 65 S. Broadway *Address,* Bal. & Pratt Sts

C. Glanville Leuk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65501 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 28, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etha R. Trulter.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 178 Harford Ave.

Cause of Death, First (Primary), Gastro catarrh

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial, March 29th

Undertaker Geo. Kilbling

Place of Business,

A. H. Erich, M. D.
Medical Attendant.

Address, 95 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6572 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Kennedy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* — *Days,* 7

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 29/83.

Undertaker, Pat. Hunt.

Place of Business, Sisson & Hammond

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66603 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1883

CERTIFICATE OF DEATH.

Date of Death, March 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Michael Dietz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* Two ..... *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 8 South Wolfe Street

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial. March 30th 83

Undertaker, G. Francis

Place of Business, Bank & Wolfe

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65884 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 29 1883

Date of Death, Feb 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 8 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 14 Fleet

Cause of Death, { First, (Primary,) Second, (Immediate,) Croup.

Duration of Last Sickness,

All the above information furnished by the Physician.

Place of Burial, Schwartz

Date of Burial, Feb 28

Undertaker, Graves

Place of Business,

Geo. W. Dunn M. D.
Medical Attendant

Address, 104 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

Permit No. 65506

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 29 1883

Date of Death, March 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lanie Poley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 15 Months, Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 44 Canal St

Cause of Death, First, (Primary,) Fever Cerebral

Second, (Immediate,) Catarrh of the lungs

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cem.

Date of Burial, March 29th 1883

Undertaker, Wm. H. Hinkman

Place of Business, 234 N. Gay St. *Address,* 132 E. Broadway

Medical Attendant, Austin A. Jones M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the [illegible] on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 65506 *Office of Registrar of Vital Statistics.* Ward (3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 29 1883

CERTIFICATE OF DEATH.

Date of Death, March 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Hales

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 58 South Broadway

Cause of Death, First, (Primary,) Uremic Apoplexy

Second, (Immediate,) Coma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Newbaltimore

Date of Burial, Mar 29/83

Undertaker, M. J. Dwyer

Place of Business, 74 S Bway

James F. O'Shaw M. D.,
Medical Attendant.

Address, 168 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 66807

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 29 1893

Date of Death, March 28th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Rosenfeld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Dar-feuder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Laryngeal Phthisis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Few (10) weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cem

Date of Burial, March 29th 1893

Undertaker, Wm Elam

Place of Business, 161 Gough St

Medical Attendant, Wm H Allen M. D.

Address, 1 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

8

Permit No. 66-808

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 29 1883

Date of Death, March 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth / John Wallace

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } [illegible] Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } [illegible]

Cause of Death, { First, (Primary.) [illegible] Brain Inflammation
Second, (Immediate.) [illegible] Hemorrhage

Duration of Last Sickness, additional falls [illegible] Convulsions &c [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 29th 1883

Undertaker, Charles J Semmes

Place of Business, 271 Eutaw st

C B Chandler M.D.,
Medical Attendant.

Address, [illegible] Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6550 9 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1892

CERTIFICATE OF DEATH.

Date of Death, March 27th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty four *Years,* — *Months,* — *Days*

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 52 Shore St

Cause of death, First, (Primary,) Supposed to have been Bright's Disease

Second, (Immediate,) Uraemia (Seen only once

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Loudenhamtown

Date of Burial, March 29 1892

Undertaker, J. F. Wiley

Place of Business, 73 Pratt St

Medical Attendant

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Th[illegible] respectfully invited to the Remarks below, and to Rule of Directors on back of this.

Board of Health, City of Baltimore,

Permit No. 6546 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in [illegible] last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 29 1893

Date of Death, March 27 — 93.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Mary V. William Brantley Infant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ~~One day~~ *Years,* *Months,* One *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country and how long in the United States, if of foreign birth.} 71 King St

Duration of Residence in the City of Baltimore, One Day

Place of Death, {Give street and Number.} 71 King St

Cause of Death, First, (Primary.) Injury to Head before birth

Second, (Immediate,) Concussion of Brain

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hope Cem.

Date of Burial, March 29

Undertaker, H. Doss

Place of Business, 25 Monroe St. *Address*

J. West
Medical Attendant.

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to certify within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

...Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 6561 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1883

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Davis.

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Carpenter & Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 102 N. Bond Street

Cause of death, {First, (Primary,) Exhaustion &c &c.
Second, (Immediate,) Disease of Heart & Kidneys - Dropsy

Duration of Last Sickness, Several weeks - do not know.

All the above information should be furnished by the Physician.

Place of Burial, March 30 1883

Date of Burial, Baltimore Cem

Undertaker, H A Darges

Place of Business, 74 S Broadway, *Address,* 121 E. Balto st

J Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 653-12 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1883

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 5 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 8 yrs 5 months

Place of Death, {Give street and Number.} No 3 Chestnut — st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 4 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial March 29 1883

Undertaker, Wilbur Burgess

Place of Business No 62 East St

J E Gorsuch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 65-6-13 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1983

CERTIFICATE OF DEATH.

Date of Death, March 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robinson Alfred Baynes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 2 0 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Brown's Woods

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 29 1883

Undertaker, Wilson & Thompson

Place of Business, No 62 E 86

J. H. Warner M. D.,
Medical Attendant.

Address, 25 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65514 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, March 28" 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Chapman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Long Shoreman

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} #86 N Durham St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, E.P. Cemetery

Date of Burial, March 28th 83

Undertaker, Jn Coleman

Place of Business,

Geo. K. Edmonson M. D.

Medical Attendant.

Address, Com & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Robt M. FitzPatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Regulations Below, and to Law of Duties [illegible]

Board of Health, City of Baltimore,

Permit No. 65575 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *according to law*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John E. Coll

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, School Boy

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Mayler Near Robt Hoffman's

Cause of Death, First, (Primary,) Oblivion - From injuries received by being run over by Ch. & Pt. R.R. Train.

Second, (Immediate,) Shock.

Duration of Last Sickness, 10 minutes

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 30th 1883

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St.

F. Connelly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 6551 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac D Simpkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 69 N. Paca

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Effusion, 2 hours

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ger

Date of Burial 22 d March

Undertaker John H Weaver

Place of Business, 129 N Paca *Address,* 17 N Calvert

Geo L Reynolds M.D.
Chas P. Smith,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2883

The Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Section 2 on the reverse side.

Board of Health, City of Baltimore,

Permit No. 65517 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Blanche

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 662 W Lombard

Cause of Death, First, (Primary,) Scarlet Fever & Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 31st

Undertaker, Blackiston Son

Place of Business, 660 Lombard *Address* Layette & Chehoun ave

Medical Attendance James G Sinclair M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules.

Board of Health, City of Baltimore,

Permit No. 65618 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Thaler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} Gay nr Central ave

Cause of death, First, (Primary,) Injuries sustained by falling from a Cable

Second, (Immediate,)

Duration of Last Sickness, 2 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, March 31st 1883

Undertaker, Adam Fink

Place of Business, 461 N Gayett

F Ulbame M. D.,
Medical Attendant.

Address, 256 x Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 65719 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Days~~ 33 *Years,* ..... *Months,* ..... *Days*

Color, Mixed

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Hat Finisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} North Linden Ave Sharpe

Cause of Death, First, (Primary,) Chronic Pleurisy

Second, (Immediate,) .....

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 83

Undertaker, Wm Samuel Gray

Place of Business, 65 Mulberry

William [illegible] M. D.
Medical Attendant.

Address, 345 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Questions Below, and to Rules on Reverse Side.

Board of Health, City of Baltimore,

Permit No. 65520 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bernacka

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 18 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 180 Warren

Cause of Death, First, (Primary,) Cerebrospinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 31st 1883

Undertaker, P. Seward

Place of Business, 35 S. Eutaw St *Address,*

S Theuss M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65521 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Brannan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Dallas Sh. St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E F

Date of Burial, March 30

Undertaker, W Coleman

Place of Business,

Geo. H. Bruns M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65522 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, Unknown Body found Mar 24 1883
Body very much decomposed

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age about 35 *Years,* *Months,* *Da*
to

Color,

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Sailor Supposed

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Walls Wharf foot of Hill St

Cause of Death, First, (Primary,) Supposed to be Accidentally
Second, (Immediate,) Drowned

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial E Balto Public Cemetery

Date of Burial, March 24 1883

Undertaker, Jno Coleman

Place of Business, City Hall

C M Morfit M. D.
Coroner E. C. Medical Attendant.

Address, 67 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore.

Permit No. 6 55-23 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 27, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bepler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, (Col)

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Brick maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, (?)

Place of Death, {Give street and Number.} Balto City Hospital

Cause of Death, First (Primary),

Second (Immediate). Pneumonia.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, March 30

Undertaker W J Coleman

Place of Business,

J. W. Bowers, *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 60-624 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 30, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Hill

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days*

Color, (Col)

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Farmer & Waiter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, (?)

Place of Death, {Give street and Number.} Balto. City Hospital.

Cause of Death, First (Primary), Necrosis of rib

Second (Immediate), Suppurative exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, ED

Date of Burial, Mch 30

Undertaker H Coleman

Place of Business,

J. W. Bowers, M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66625 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wade

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Laborer~~ Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 2 80

Place of Death, {Give street and number.} Walker Alley

Cause of death, First, (Primary,) Epilepsy

Second, (Immediate,) Pneumonia

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, March 27/83 A. H. Cluss M. D.

Undertaker, Fred'k Altenchmidt Medical Attendant.

Place of Business, 50 S. Carrollton ave Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is respectfully invited to the ... [illegible]

Board of Health, City of Baltimore,

Permit No. 6552 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 1883

CERTIFICATE OF DEATH.

Date of Death, March 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. McKee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 48 Stiles St.

Cause of Death, First, (Primary,) Puerperal peritonitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Apl. 1. 1883

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bwy. *Address,* 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Subject Below, as to Mode of Disease

Board of Health, City of Baltimore,

Permit No. 6627 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia Griggs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 1 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 161 Gough St

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem

Date of Burial, May. 31 - 83

Undertaker, H. A. Dugan

Place of Business, 745 Bay

Thomas S. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That hereafter whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of [illegible]

Board of Health, City of Baltimore.

Permit No. 6652 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR. 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adolph Ochs

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 32 Union St.

Cause of Death, First (Primary), Phthisis pulm.

Second (Immediate), Hemorrhage

Duration of Last Sickness, 1½ year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 31st

Gambrill M.D.
Medical Attendant.

Undertaker N. Miller

Place of Business, 86 N. Paca St., *Address,* 17 & 18 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Board of Health, City of Baltimore,

Permit No. 65629

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hauck

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* six *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number} 754 Hanover st.

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet'y

Date of Burial March 30

Undertaker, P. Hyatt

Place of Business, 82 West St

W. C. Sandrock M. D.
Medical Attendant.

Address, 227 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

Permit No. 6 5 5 3 0

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 1892

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Kurzenberg

Sex, Male or Female, {Cross out the word not required in this line.} Fem

Age, 10 *Years,* 10 *Months,* 10 *Days*

Color, White *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Sing

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 16 S. Duncan alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Ascites

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, March 30 Do

Undertaker, W. Tippet

Place of Business, S. Bond st. 157

Josh Bruce M. D.
Medical Attendant

Address Marbdy & Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65-3-31 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, Friday March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bowes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 Years, 1 Months, 3 Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} Canton St North of O Donnell

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia and Dentation

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Mch 31/83

Undertaker Denny and Mitchell

Place of Business, 65 S Broadway Address 280 O Donnell St

J E Richards M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on...

Board of Health, City of Baltimore,

Permit No. 65-382 — *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Banks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} #25 McCulloh Street.

Cause of Death, First, (Primary,) Acute Articular Rheumatism

Second, (Immediate,) Pericarditis

Duration of Last Sickness, About Two weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 30 83

Undertaker, Geo W Watkins

Place of Business, 130 Hanover St

Robt T Wilson M. D.
Medical Attendant.

Address, 146 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Board of Health, City of Baltimore.

Permit No. 65558 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH.

Date of Death, March 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Annie Doetzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five yrs.

Place of Death, {Give street and Number.} 19 S. Collington Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial March 31st 83

Undertaker H. Sandy Jno

Place of Business, 202 Caton Av

G. G. Lusk M. D.
Medical Attendant.

Address, Back of Jno L. Pk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66334 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30 " 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Scarf

Sex. Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State in country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Cor. of Hanover & York

Cause of Death, First, (Primary,) Malarial

Second, (Immediate,) Brain Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Prot. Luthern Cemetery

Date of Burial, March 30th 1883

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St. *Address,* 150 N. Hanover St

E. R. Kelly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6338 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1883

CERTIFICATE OF DEATH

Date of Death, March 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Rutter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and Number.} 198 N. Gilmore St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Effusion upon the Brain

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 31st 1883

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 394 Lanvale St

J. W. J. Englar M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65536

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Drake

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 143 Dolphin

Cause of Death { First, (Primary,) / Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st

Undertaker, George Schilling

Place of Business,

Thos S Latimer M. D.
Medical Attendant.

Address, 187 N. Bridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65-6-27

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Wolf

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

12 Years, Months, Days

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 143 Dolphin

Cause of Death { First, (Primary.) Mitral, patulency
Second, (Immediate.) Leucocy

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st

{ Undertaker, George Schilling
{ Place of Business,

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Bidle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 6553.38 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 27 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Adolph Acker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, XXY

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 61 Bank

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Meningitis Cerebral

Duration of Last Sickness, 5 Wks

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, March 31 the 1883

James E Donnelly M. D. Medical Attendant.

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 99 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6566 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 29th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie E. Carew

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 311 Hanover St.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Tubercular Meningites

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 1st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Freemans Ave

Dr. Robert Boyle M. D., Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 65-641 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d Quarter 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 245. Hughes St.

Cause of Death,
First (Primary), Gastrodynia
Second (Immediate) Spasmodic = Contractions et Exhaustion

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, 24 March 1883

Undertaker H Doll

Place of Business, 95 Conway st *Address,* 146 Hill St.

L. D. Lyon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6-5-41 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in [illegible] illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandria Lewis

1883

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color col.

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Launders

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 147 Chestnut st

Cause of Death, First, (Primary,) Softening of the brain

Second, (Immediate,) Paralysis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 30 1882

E. C. Baldwin M. D.

Medical Attendant.

Undertaker, William Monger

Place of Business, No 62 East St *Address,* 124 n Eyater st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-642 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 30 1883

Date of Death, March 30th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pamel Penn

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 51 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elkridge Landing

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} No 2 Vincent Street

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Bright's disease
Fifteen (15) Months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Annapolis Rd

Date of Burial, March 31

Undertaker, J B Cook

Place of Business, 707 W Balto

Medical Attendant.

Address, 38 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65548 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Adkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 5 *Months,* 8 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 267 Mulberry St

Cause of Death, First, (Primary,) Complication of diseases

Second, (Immediate,) Dropsy

Duration of Last Sickness, about three weeks

Place of Burial, Greenmount Cemetery

Date of Burial March 31

Undertaker H. Orth

Place of Business, 787 W. Fayette

Address, 26 N. Howard St *Medical Attendant.* M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

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Board of Health, City of Balt...

Permit No. 65542

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 31 1883

CERTIFICATE OF DEATH

Date of Death, March 30 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Witman Gerrein

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 42 *Years,* 0 *Months,* ... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 62 Hamsterdt

Cause of Death, First, (Primary.) Aneurisma aortae abdominalis

Second, (Immediate.) Ruptura aortae

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 1 1883

Undertaker, John Herring

Place of Business, 982 Orleans St *Address,* 62 E. Baltimore St

Geo. Fuhrer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66-45 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A Fouke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} .....

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 27 - Cook - St -

Cause of Death, First, (Primary,) Scarlet - Fever

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 1

Undertaker, Walter Sumwalt

Place of Business, 315 West Pridden *Address,* .....

H. D. Fouke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65546 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correct* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 30 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Clarence Swindell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 7 *Years,* 6 *Months,* 5 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 14 Russell St

Cause of Death, First, (Primary,) Apen ductus arteriosus

Second, (Immediate,) exhaustion

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Apl 1st 1883

Undertaker, Armistead Dunn

Place of Business, 263 Baltimore

L Lemmon M. D.
Medical Attendant.

Address, 154 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65547 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 30, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Erdman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 11 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 68 S Mures st

Cause of Death, First, (Primary,) Acute Adenitis

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, The 1st of April

Undertaker, John B. Paulus

Place of Business, No 66 Fredrick Ave

James J Boyle M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Following, and to List of Diseases on Back of t

Board of Health, City of Baltimore.

Permit No. 65[illegible] *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30-1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Medon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days* 7

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Basket Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eighteen yrs.

Place of Death, {Give street and Number.} 192 S. Howard Ave

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, March 31 st 1883

Undertaker C. Eckhardt

Place of Business, 269 Canton Ave

G. G. Cook M. D
Medical Attendant.

Address, Balto & Wash. Rd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 65349 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Queen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days,*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Rundle Co. Md.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} No 252 Raborg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Levnd Cemetery

Date of Burial, March 30 1883

Undertaker, Wilbourn & Tingey

Place of Business, No 62 East

C. M. Nelly M. D.
Medical Attendant.

Address, 326 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65-6-87.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Ellis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number} 170 Park Avenue

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 1st 1883

W. B. Griffith M.D.
Medical Attendant.

Undertaker, John J. Andrews

Place of Business, No. 46 Druid Hill Ave

Address, 158 W. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 60667 **Office of Registrar of Vital Statistics.** **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Koenigsmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Lexington St

Cause of Death, First (Primary),

Second (Immediate) Malformation of Thorax

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt

Date of Burial, March 31

Undertaker B. O'Neale

Place of Business, 82 West St.

Theodore Cook M. D.
Medical Attendant.

Address, 146 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6556-52 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1893

CERTIFICATE OF DEATH.

Date of Death, March 30. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Draeger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 36 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 552 N Charles

Cause of Death, First (Primary).

Second (Immediate). Chronic Gastritis

6 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 1

Undertaker B. Hamde

Place of Business, 82 West St.

Theodore Cotte M. D
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6533 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Geiger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 00 *Months,* 30 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, home

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and Number.} 425 Saratoga St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 1

Undertaker, J. Bledsoe

Place of Business,

W. H. Kemp M. D.

Medical Attendant.

Address, 55 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65357 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 30/1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Eichinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Lamplighter

Birthplace, {State or country. And how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and Number.} 62 S. Canal St

Cause of Death,
First (Primary), Phthisis Pulmonalis
Second (Immediate), General Dropsy

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetary

Date of Burial, April 1st 1883

Undertaker J. McGinnis

Place of Business, 13 Bloomingdale

A. Lizzie Shertzer M. D.
Medical Attendant.

Address, 11 S. Utah St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 66665 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, Mar. 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Condon

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 10 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, at home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} cor. Ford & Fayette

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 31st 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D. Sleett M. D.,
Medical Attendant.

Address, 1434 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60536 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Watson Mary J.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Dallas St 107

Cause of Death, First, (Primary,) Congestion Lungs

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 31 1883

Undertaker, Charles A White

Place of Business, 55 Hanley St

Geo A Kenned UM. D
Medical Attendant.

Address, East Dock

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 65567 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Lennon

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} M

Occupation Wall Digger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Mulberry near Eutaw St

Cause of Death, First (Primary). Mortal Apoplexy - Supervened

Second (Immediate). by Intemperance

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 2

Undertaker C H Blizzard

Place of Business 95 E Lexington

Alexander Insley M. D.

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65358 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31 1893

Date of Death, March 30th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Perkins Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* One *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 Henrietta St

Cause of Death,
First, (Primary,) Cause of death unknown Child was
Second, (Immediate,) dying when I saw it first

Duration of Last Sickness, Parents say it has been sick a few hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta

S. K. Wiley M. D.
Medical Attendant.

Address 157 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 68339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Washington Butler

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 27 *Years,* 05 *Months,* 14 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 58 Wayne st

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Hemorrhage

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 1

W. B. Sandrock

Medical Attendant.

Undertaker, Geo W Perkins

Place of Business, 131 Hanover

Address, 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No 66660 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sula S Rain

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 6 S Exeter Street

Cause of Death, First, (Primary,) Gastritis -

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial. March 31st

Undertaker, Mr Duffee

Place of Business,

David J Powell M. D.,
Medical Attendant.

Address, 29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6327

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as practicable, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1883 MAR 31 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel & Johnston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days,*

Color, (Colored)

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 27 Forest Street

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

{ Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamar

Date of Burial, March 31

Undertaker, H Dupee

Place of Business,

Saml F Gould M. D.,
Medical Attendant.

Address, 129 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65562 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, 3.30.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Carewaugh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 ½ *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.} W

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 103 N. Schroeder St

Cause of Death, First, (Primary,) Age

Second, (Immediate,) 2 Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, April 2nd 83

Undertaker, M. Cadogan

Place of Business, 227 Hanover St

H. M. Eastman M. D.
Medical Attendant.

Address, 349 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65-863 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Hinkel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Thirty Three *Years,* *Months,* *Days*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Jersey

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} #78 Ridgely St

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Puerperal Peritonitis

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetry

Date of Burial. Apl 1st 1883

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

J. Tyler Smith M. D.
Medical Attendant.

Address, 22 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

Permit No. 6556 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 31 1883

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Zehn (Zehne

Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 3 Years

Place of Death, {Give street and Number.} 330 S Bond St

Cause of Death, First, (Primary,) Intemperance & Exposure

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E[illegible]

Date of Burial, Wclose

Undertaker, W Coleman

Place of Business,

Chas M. Morfit M.D.

Medical Attendant.

Address, 69 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65766 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 31

Date of Death, March 29th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Cyrus

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 203 N. Carey St

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 1st 1895

Undertaker, Denny & Whitehead

Place of Business, 1530 W. Fayette St *Address* [illegible] M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65766 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~ *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 38 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 31

Undertaker, Ed Hyatt

Place of Business,

J. A. Gillis M. D.
Medical Attendant.

Address 150 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65567 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Brennan

Sex, Male or Female, {Cross out the word not required in this line.} Male

66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Limerick Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 80 N Eden St

Cause of Death, First, (Primary,) Senile Gangrene

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 2nd

Undertaker, Chas J Gilbert

Place of Business, 58 W Lexington St

D M Bathcee M. D.
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65-568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1883

CERTIFICATE OF DEATH.

Date of Death, March 30 - night -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac N. Hagan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 Years, — Months, — Days

Color, White Sex, Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number.} 187 East Baltimore st -

Cause of Death, { First (Primary,) Diphtheritis
Second (Immediate,)

Duration of Last Sickness, 2 days -

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, April 1st 1883

{ Undertaker, John Lakes

{ Place of Business, 166 Balto st

I. C. Benzinger M. D.
Medical Attendant.

Address Cor Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65-869 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Crumpton

1883

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* two *Months,*

Color, Colored

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 9 Union Alley

Duration of Residence in the City of Baltimore, 1 Yr 2 mos

Place of Death, {Give street and Number.} 9 Union alley

Cause of Death, {First, (Primary,) Diphtheria

Second, (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cheltenham Cemetery

Date of Burial, March 31st 1883

Undertaker, Wm. H. Duncan

Place of Business, 62 East St.

J. D. Gorsuch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65570 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lehan W. Lamb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days*

Color, Blk

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 31st 1883

Undertaker, J. G. Fosbrook

Place of Business, 53 Jefferson

S. O. G. Hoffman M. D.
Medical Attendant.

Address, St Josephs Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6537 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty eight (48) *Years,* — *Months,* — *Days.*

Color Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married ✓

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, {Give street and number.} No 46 Douglass St

Cause of death, First, (Primary,) Brights Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 31st 1883

Undertaker, J. F. Loch

Place of Business, 173 Jefferson St

Whitfield Nimsey M. D., Medical Attendant.

Address, 116 E Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 15574 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
APR 1 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry D Allen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 9 Harris Alley

Cause of Death, First, (Primary,) Abscess of Head

Second, (Immediate,) Dropsy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2th 1883

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave. *Address,*

J. H. Mann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back p

Board of Health, City of Baltimore,

Permit No. 45573 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Asbury Gorsz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* ~~ *Days*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 28 Mc Elderry St

Cause of Death, First (Primary),

Second (Immediate). Acute Gastritis

Duration of Last Sickness, 1 Week

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 1883

Undertaker John C Henry

Place of Business, 382 Orleans St

Geo. W. Downes M. D.

Medical Attendant.

Address, Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45574 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Saturday March 31 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marthae Anna Carr

Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* ____ *Months,* ____ *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Widow

Occupation, Non

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Butte City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and Number. } 157 Elliott St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 Weeks

All the above Informationshould be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 2 1883

Undertaker, Henry Morgan

Place of Business, 933 Broadway

J. E. Prichard M. D.

Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65575 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Helmes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 86 Stiles St

Cause of Death, First (Primary), General Adynamia

Second (Immediate) Paralysis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Loudstown Cemetery

Date of Burial, April 1 1883

Undertaker William Dorsey

Place of Business, No 628 Sharp

Attended M. D.
Medical Attendant.

Address, 11 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 45576 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 29th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Clarke.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 80 Penn alley

Cause of Death, First, (Primary,) Burns.

Second, (Immediate,)

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Apr 1 1883

Undertaker, William N Berger

Place of Business, No 62 Eutaw St

J. F. White M. D., Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 15577 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 29 of March

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Tapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 12 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 74 Jasper St

Cause of Death, First (Primary), Cold

Second (Immediate), Inanition

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, St Mary's St cemetery

Date of Burial, April 2th

Undertaker A. C. Humphrey

Place of Business, Orchard St

Geo. R. Dixon M. D.
Medical Attendant.

Address, Dr. McKeith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65578 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kiepen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age 21 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 307 Canton Av.

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd 82

A. F. Erich M. D.
Medical Attendant.

Undertaker J. C. Schmidt

Place of Business, 265 Aliceanna, 95 Caroline Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 15579 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Foreman

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 11 *Years,* 3 *Months,* *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 22 S. Stockton St.

Cause of Death, First, (Primary,) Injuries, from accidental Fire

Second, (Immediate,) Shock.

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 2d - 83.

Undertaker, A. Rohde.

Place of Business, 48 Pennsylvania ave

R. Rickert M. D.
Medical Attendant.

Address, 522 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65380 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as prescribed, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1 1983 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Willis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} No 529 W. Fayette

Cause of Death, First, (Primary,) Bright's disease of the Kidneys

Second, (Immediate,) The same.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 2nd 83

Undertaker, J. L. Carey

Place of Business, 22 N. Fayette St *Address,* 169 W. Chas St

Henry Taber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 4558 / *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia Bell Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ____ *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 N. Aisquith St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cynanche Trachealis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Apl. 2. 1883

Undertaker, M. A Daly

Place of Business, 74 S. Bway

E. Gwynn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Connelly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland 30 years.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } # 10 N. Fremont St.

Cause of Death, { First, (Primary,) Bright's Disease
Second, (Immediate,) 6 months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary

Date of Burial, April 1st 1883

Undertaker, J. McGinnis

Place of Business, 1x3 Plowman

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BAYLEY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 16583 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J Booze

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 2 *Months,* 9 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 368 Canton ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Apl. 1. 1883

Undertaker M. A Bruen

Place of Business, 74 S. Bury

Geo. R. Dimond M. D.
Medical Attendant.

Address, 80 E. Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Henry M McKewen [over.]

Board of Health, City of Baltimore,

Permit No. 65584 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

APR 1 1883 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Physician's Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 34 Morris alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark's

Date of Burial, April 2nd 1883

Undertaker, Samuel H Chase

Place of Business, 905 Edward

Caleb Winslow M. D.
Medical Attendant.

Address, 23 N. Carroll st

This Case was seen by my self & Dr Maynard in consultation with Mrs Williams family

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 15585 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accu*
the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o
quested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1 1883
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 31 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 219 Forrest St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druids Hill

Date of Burial, April 2nd 83

Undertaker Saml H. Shaw

Place of Business, 219 E Fayette St

C. W. Boozl M. D.
Medical Attendant.

Address, 210 Clark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Board of Health, City of Baltimore,

Permit No. 65586 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Mch 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} Henry Beer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* —

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 416 S. Paca St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 1st 1883

Medical Attendant. Jno. D. Blake M.D.

Undertaker, Sallie Kahler

Place of Business, Sharp & Bros. *Address,* 168 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 68587 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Moler

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* — *Months,* 9 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 157 Park st

Cause of Death, First, (Primary,) Meningitis (Chronic)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, April 1st

Undertaker, H. Dippel

Place of Business, N. Bond st 151

Thomas S. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 45388 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 1 1983 BALTIMORE, MD.

Date of Death, March 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hentel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country. And how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and Number.} 200 Eutaw St

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 2 cd

Undertaker H. Dipple

Place of Business, S. Bond & 157

A Lregt Shortzer M. D.
Medical Attendant.

Address, 11 & Hyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65389 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles O'Brien

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Confectioner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} X 107 E. Lombard St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 2nd 1883

Undertaker, James P. Byrne

Place of Business, No 68 N Front St

David J Powell M. D
Medical Attendant.

Address, X 29 Hisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65593 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1863

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Kalican

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,* *Da*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 153 Greenmount Ave

Cause of death, First, (Primary,) Cardiac Disease

Second, (Immediate,) Epilepsy

Duration of Last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 2 1863

Undertaker, James D Byrne

Place of Business, No 63 N Howard St *Address,*

Wm Whitridge M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6569 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno L. Manion

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 4 Months, 4 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, { Give street and Number. } 9 Wilcox

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 2d 1883

Undertaker James S. Byrne

Place of Business, No 63 N Front St

J. H. Robinson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66592 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2nd 1883

CERTIFICATE OF DEATH.

Date of Death, 31st March. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Rev. Robert Kleinsdam. C.SS.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty five 65. *Years,* ..... *Months,* ..... *Days,*

Color, White.

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Priest.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Grochowitz, Silesia, near Breslau, Poland

Duration of Residence in the City of Baltimore, Emigrated & arrived in America in 18..

Place of Death, {Give street and Number.} St. Michael's Church. Rectory.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Dropsy. Ascites. & Anasarca —

Duration of Last Sickness, Twenty five days —

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, April 2nd

Undertaker, H. Hande & Dipple

Place of Business, S. Bond st. 151

W. Crane Ribbon M. D.
Medical Attendant.

Address, 47. Franklin St. —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

I will give the primary Cause of death later. WCR

Board of Health, City of Baltimore.

Permit No. 65193 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31 ft/883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Dartigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Domestic Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 93 Eden St E

Cause of Death, First (Primary), Embolism of brain

Second (Immediate), Paralysis

Duration of Last Sickness, some weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, 3rd April

Undertaker W Duffiel

Place of Business, 151 S Bond St

A Trippelhorn M. D.
Medical Attendant.

Address, 11 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65594 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillis Latta

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Lee *Years,* *Months,* *Days*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, House Keeping

Birthplace, {State on country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 280 S. Howard St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 2nd 1883

Undertaker, Jacob Davis

Place of Business, 103 Lee St

J. K. Wiley M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6533-96 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, 4.1.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mena Seligman

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and Number.} 393 Lexington St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) 2

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Chef Chalam

Date of Burial, April 3rd 1883

Undertaker, Wm. Eilar

Place of Business, 101 Gough St

H H Eastman M. D.,
Medical Attendant.

Address, 34 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-3-96 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1896

CERTIFICATE OF DEATH.

Date of Death, March 31st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis, Thomas, Green

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 14 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 324 E. Monument-st-

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 2nd

Undertaker, Geo. Schilling

Place of Business,

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65794. *Office of Registrar of Vital Statistics.* Ward 6/3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, April 1-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Rockenbaugh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Stone Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 14 Bakers Court

Cause of Death, First (Primary), Dropsy - from Affections of Liver

Second (Immediate) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, April 3rd 1883

Undertaker Abel T Scruin

Place of Business, 271 W Pratt St

D. Keller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 65-678 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelina Herzog

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 7 *Months,* 15 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 87 S. Fremont St.

Cause of Death, First (Primary), Premature Labor

Second (Immediate), Septicaemia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemetery

Date of Burial, April 3 at 2 o'clock P.M. C. L. Buddenbrock M. D.

Medical Attendant.

Undertaker J. Mueller

Place of Business, 71 Harrison St. *Address,* 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cau... date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65699 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McCauley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 9 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation Attorney at Law

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial London Park Cemetery

Date of Burial, April 3rd 1883

Undertaker Stewart & Mowen

Place of Business, 35 Park Ave

Edwd F. Mitchell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 65600 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 1/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred H. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 157 Fourth St.

Cause of Death, First (Primary), Inflammatory Rheumatism, Bronchitis

Second (Immediate), Cerebral congestion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 4th 1883

Undertaker Benson and Mitchell

Place of Business, 65 S Broadway

Wm W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6560 **Board of Health, City of Baltimore,**

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. E. Lee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* two *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child Maramus

Cause of Death, First, (Primary,) Maramus

Second, (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, April 1

Undertaker, C. H. Blizzard

Place of Business, 198 Penn ave

T. A. Ashby M. D.,
Medical Attendant.

Address, 82 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention [illegible]

Board of Health, City of Baltimore.

Permit No. 65602 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 12.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Ellen Hall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 3 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co (Oxford) Md

Duration of Residence in the City of Baltimore, about 70 years.

Place of Death, {Give street and Number.} E. John (Bear) St No. 318

Cause of Death, First (Primary): Bronchitis & Pneumonia (A.C.D.)

Second (Immediate): Inanition Insomnia

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 2. 1883

Undertaker Wm H Huckman

Place of Business 234 N. Gay St. *Address,*

E. L. Thomas M. D

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 65603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, 31st March 1883

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henriette A. Wetherly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Salisbury Somerset Co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Chase near Gay

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 E Gay St

J. H. Bolton M. D.
Medical Attendant.

Address 1 E Eutaw near Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66602 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 2 1893

Date of Death, Sunday March 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Long

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give street and Number.} Car — Cincinnati & Tennant.

Cause of Death,
First, (Primary,) Consumption of bowels
Second, (Immediate,) Consumption Lungs.

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 3

Undertaker, Walter Immel

Place of Business, 515 W. Pratt *Address,*

J. G. Hanis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65605 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, April 1st, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Joshua Kroener

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, Years, Three Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 669 Penna Avenue

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and Number.} 669 Penn avenue

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 2 1883

Undertaker, A. Rosenberger

Place of Business, 20 Hillsboro St Address,

Dr. Paul M. D.,
Medical Attendant.

Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65606 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Stewart

~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Infirm

Place of Death, {Give street and Number.} 166 Hoffman st

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2d 1883

W. W. Hachim M. D.
Medical Attendant.

Undertaker, Wm. Samuel Gray

Place of Business, 65 Mulberry st Address, 192 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 65607

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Lamar

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W

~~Married~~ ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 65 Lexington

Cause of Death, First, (Primary.) Dilatation of Heart with Atheromatous Arte

Second, (Immediate.) Dropsy

Duration of Last Sickness, About Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 1883

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry Street

Jno. G. Lamar, M.D.,
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6508 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Staub

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 N. Schroeder

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 3/83

Undertaker, Cook

Place of Business, Balto St. *Address,* 34 W Lombard St

D. L. Shuck M.D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65609 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix Seebucki

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 3 Bethel Place

Cause of Death, First (Primary), Variola

Second (Immediate), ...

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chu

Date of Burial, Apr. 2nd 83

Undertaker G. Franc

Place of Business, Pants & Wolfe *Address,* 34 34 Lia Anna St

John H. Kellberge M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 65-618 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dolloezer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* — *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 70 Black

Cause of Death, First, (Primary,) Pseudo-Membran. Croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St. H. Cemetery

Date of Burial, Apr. 2nd 83

Undertaker, G. France

Place of Business, Pratt & Wolfe *Address,* 407 S. Broadway

L. Wilson M. D.
Medical Attendant.

APR 2 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6560 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stanislaus Kazelski

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } #41 Lancaster St.

Cause of Death, First (Primary), Croup (One)

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem

Date of Burial, Apr. 2nd 83

Undertaker G. Franc

Place of Business, Pants & Vest Address, 243 Alice Anna St.

John H. Kehberger M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 6662 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, April 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Moses

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1½ years

Place of Death, { Give street and Number. } 416 Eastern Ave.

Cause of Death, First (Primary), Paralysis

Second (Immediate), —

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem

Date of Burial, Apr. 3rd 83

Undertaker G. Frame

Place of Business, Bank & Wolfe *Address* 33 Green St.

C. Williams M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-613 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millie Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Unknown Years, about 55 yrs ~~Months~~ Days.

Color, Black.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and number.} 2 Stockton al.

Cause of death, First, (Primary,) Consumption of Lungs.

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 2 1883

Undertaker, William Lang

Place of Business, No 628 E Pratt

J. J. Kinsey M. D.,
Medical Attendant.

Address, 215 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 65614

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 30th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Shorter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days.*

Color, Black

Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lewistown, Md

Duration of Residence in the City of Baltimore, 10 yrs - about

Place of Death, {Give street and number.} 14 Wagner Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Died her 1st visit Dec 26th 28th 82

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Apl 2 1883

Undertaker, Wilson Wagner

Place of Business, 1062 East

L. L. Dilley M.D.,

Medical Attendant.

Address, 467 N. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

Board of Health, City of Baltimore,

Permit No. 65616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, Mch 31, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hollens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant girl,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 144 N Dallas St,

Cause of Death, First, (Primary.) Pneumonitis.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 2 & 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Albany Cemetery

Date of Burial, Apl 2 1883

Undertaker, William N Berry

Place of Business, No 628 E Pratt St

J. W. Chambers M.D.,
Medical Attendant.

Address, 321 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65616 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Shuley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 79 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and Number.} 64 St Peter St

Cause of Death, First, (Primary,) Paralysis Apoplexy

Second, (Immediate,)

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 4th

Undertaker, Wm G. Tilt Knit

Place of Business, 65 S. Eutaw St

L C Burch M. D.
Medical Attendant.

Address, 15 1 Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6561 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oftener if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 1, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Gatewood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 4 months.

Place of Death, {Give street and Number.} 2 E Eden St. Court

Cause of Death, First, (Primary,) Pt. this is Pulmonale

Second, (Immediate,)

Duration of Last Sickness, about seven months

All the above information should be furnished by the Physician.

Place of Burial, A A Co

Date of Burial, April 3

Undertaker, Leo Galeroise

Place of Business,

Jno A. Lyon M. D.
Medical Attendant.

Address, 238 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to the Extract from Regulations

Board of Health, City of Baltimore.

Permit No. 65618 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April. 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Helen Constantine

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 394 E. Balt. St.

Cause of Death, First (Primary), Scarletina Anginosa

Second (Immediate), Membranous Croup

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, April 3 1883

Undertaker N. F. Curran

Place of Business, 53 N Broadway

G. Glanville Finke M. D.
Medical Attendant.

Address, Balt. & Gas L. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 6669 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, April 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Erbe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, in US 3 days

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} 335 Hamburg St

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 8

Undertaker H Brieke

Place of Business, 61 Hanover

Geo R Graham M. D
Medical Attendant.

Address, 136 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65620 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, 1st of April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Hotter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 8 *Months,* 8 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Taylor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 3 Pennsylvania Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 4th

Undertaker, Andrew Rohde

Place of Business, 48 Penn Ave

Dr. W. Heilbron M. D.
Medical Attendant.

Address, 120 East Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

The special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 6562 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederik Schubert

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 43 *Years,* *Months,* *Da...*

Color, White

Single, Married, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Married~~ ~~Widower~~

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and Number.} #213 Eastern Av.

Cause of Death,
First (Primary), Rheumatic Carditis
Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelic's Cem.

Date of Burial, April 3d 1883

Undertaker H. A. Sander & Son

Place of Business, 252 Eastern *Address,* 243 Alice Anna St.

John L. Kellenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 66622 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, April 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Os L Kline

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out ... word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 828 W Balto St.

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 3

Undertaker L H Leonard

Place of Business, ...

Geo. H. Osmond M.D.
Medical Attendant

Address Cor of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60623 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Holmes

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Hod carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 16 Gelston's Court

Cause of Death,
First, (Primary,) cold
Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Sharp St. Cemetery

Date of Burial April 2nd 1883

Undertaker, Wm J Gorm

Place of Business, 65 Madison

Ralph Steiner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65624 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Patrick Armstrong

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 4 *Months,* = *Days*

White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, = School boy.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, {Give street and Number.} 131 N. Holy. St.

Cause of Death,
First, (Primary,) Acute Meningitis
Second, (Immediate,) Exhaustion

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 3

Undertaker, Henry McGinnis

Place of Business, 22 N. Central Av

J. E. Heard M. D.
Medical Attendant.

Address, 216 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65625 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, 2d April 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Koerner

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 57 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation painter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Marburg. Kurhessen

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } E Fayette 130

Cause of Death,
First (Primary), Chronic rheumatism
Second (Immediate), Heart disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, April 3/83

Undertaker Henry Hofmeier

Place of Business, 63 11 Eden Mrd *Address,* 224 West Fayette St

L. E. Bierbower M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Special Attention to ...

Board of Health, City of Baltimore,

Permit No. 65626 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Cer..., *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... ceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificat...

1883

CERTIFICATE OF DEATH.

Date of Death, April 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ed. Cummings

Sex, Male or Female, {Cross out the word not required in this line.} male

1 *Years,* 5 *Months,* — 6 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 98 Sterling St

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 2 days

All the above information should be furnished by th Physician.

Place of Burial, Loudenslager

Date of Burial, April 7th 1883

Undertaker, J. F. Hill

Place of Business, 73 Eutaw

D. Sheets M. D.,
Medical Attendant.

Address, 149 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 6567 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Apr 7 1883

CERTIFICATE OF DEATH

Date of Death, ~~March~~ April 1 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bessie M. Lydon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 11 *Months,* 2 *D.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 11 Wayne Ave

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Exhaustion & Dropsy

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3

Undertaker H. Ross

Place of Business 95 Conway St.

Thomas Cotter M. D
Medical Attendant.

Address, 146 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

April 2nd 1883 D.M.B. (24 hours)

KODAK SAFETY FILM

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Permit No. 65-628

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

APR 2 1883

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gilkey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} #33 Constitution St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount-Carmel Cemetery

Date of Burial, April 2d 1883

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St

Samuel J. Galt M.D.,
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimore,

Permit No. 65629 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Kelly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 77 Years, Six Months,

Color, White

Married, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Huckster Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland, County of Meath

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and Number. } 191 E. Monument St

Cause of Death,
First (Primary), Bronchopneumonia
Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 2d 1883

Undertaker Henry W. Means

Place of Business, 45 N. Gay St

Geo. E. Reynolds M. D.
Medical Attendant.

Address, 71 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65630 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, This 1st of April

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louise Gard Baby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 1 year Month & Day

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 247 E. Lee St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 2d 83

Undertaker, Thos Lee

Place of Business, 57 N Broadway

E. B. Kuhn M. D.,
Medical Attendant.

Address, 6 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65631 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, Mar 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Bowndrig

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 166 N. Stricker St.

Cause of Death, First, (Primary,) Mitral Insufficiency

Second, (Immediate,) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery.

Date of Burial, April 3rd

Undertaker, G. N. Towles

Place of Business, 413 Hanover St. *Address,* 257 Mad. Av.

A. M. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 65682 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Porter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 52 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ont.

Duration of Residence in the City of Baltimore, 45

Place of Death, {Give street and Number.} 44 Hughes St.

Cause of Death, First, (Primary,) Embolism (of Brain)

Second, (Immediate,) Paralysis & Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, April 2nd 1883

Undertaker, Armstrong & Jessop

Place of Business, 263 Light St

D. L. P. Ellis M. D.
Medical Attendant.

Address, 313 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 65633

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 2 1883

Date of Death, March 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Hitchcock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 189 Monument St

Cause of Death, First, (Primary.) General Debility

Second, (Immediate.) Paralysis Heart

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apl 3rd 1883

Undertaker, Armstrong & Denny

Place of Business, 263 Light

H. B. Smith M.D.,
Medical Attendant.

Address, 30 Warren ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6-634 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2 ~~March 31~~ April 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Rosetta Sherwood~~ Rosetta Sherwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 25

Place of Death, {Give street and Number.} 14 Overlea Ct

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3rd

Undertaker, P. Hart

Place of Business, 62 West

Rob Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city hereafter, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, widowed or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65636 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, April 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. F. Stricker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 24 Parish St

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Apr 3rd 1883

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette Address, 327 W Lombard

B. F. Phillips M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 65636 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret C Bowen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 St *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 23 N Schroeder St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 3rd 1883

Undertaker, J. B. Cook

Place of Business, 13 Balto St

Wm Woltridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Claude Spencer Ewell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 11 *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 174 Hopkins Pl

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial. April 3 "83

Undertaker, J. B. Keech

Place of Business, 707 West Baltimore

J. H. Watkins M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 19

Permit No. 65788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, Apr 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Thurle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} ~~Emma Thurle~~ Female

Age, ____ *Years,* ____ *Months,* 8 Days

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Days

Place of Death, {Give street and number.} Cor Lee & Thurston Ave

Cause of Death, First (Primary,) Congestion

Second (Immediate,) Prostration Cholera Infantum

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 3/83

Undertaker, J. B. Cook

Place of Business, 707 Baltimore St.

H. T. Parker M. D.
Medical Attendant.

Address 34 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65689 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Linnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Planter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 106 Hanover St

Cause of Death, First, (Primary,) Bright disease (Chronic

Second, (Immediate,) Anasarca

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3

Undertaker, Joseph B Cook

Place of Business, 707 East Baltimore St

W W Antrim M. D.,
Medical Attendant.

Address, 72 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65640 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Schmidt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 29 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Butler Ind.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 207 Light St.

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,) the same

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 3rd 1883

Undertaker, C. Bartell

Place of Business, 83 N. Frederick St

Henry Tabor M. D.
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6564 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, Apr. 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elija Nalstrum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 91 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 40 Chew St.

Cause of Death, First, (Primary,) Age & Debility 5 months

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. St Pauls Cem

Date of Burial. April 5th 1883

Undertaker, Wm J. Tilden

Place of Business, 66 S. Eutaw st

Dr. Wm Porter Bay M. D.,

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65642 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 2/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Porter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 124 St Pete

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 4th 1883

Undertaker, Wm J. Fickner

Place of Business, 65 S. Eutaw st *Address,*

Geo D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65643.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, 2 April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fornat Gant

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 286 N. Howard St.

Cause of Death, {First (Primary,) Infantile / Second (Immediate,) Unknown Probably Convulsions} The child was not seen by a Physician but Recently attended for convulsions. It has been vomiting since birth

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 83

Undertaker, Leo Perini

Place of Business, 130 Hanover

73 F. Lemmon M.D.
Medical Attendant.

Address, 214 E. 13 ict. to.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65644 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Louis Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven Years, Eight Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 10 Little Pine St

Cause of death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, Since March 22nd 1883

All the above information should be furnished by the Physician.

Place of Burial, Laurelbenuty

Date of Burial, April 3 1883

Undertaker, [redacted] A Knowles

Place of Business,

R J Coffroth M. D.,
Medical Attendant.

Address, 330 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65640 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4.2.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Squires

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *D.*

Color, B

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 14 Bolton ave.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Bedridden 1 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3 1883

Undertaker, Robt Hundy

Place of Business,

Wm Eastman M. D.

Medical Attendant.

Address, 814 Lurch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore.

Permit No. 65646 *Office of Registrar of Vital Statistics.* 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, Monday April 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin J. Keen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days.*

7 ft 4 —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 126 N. Exeter St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Softening of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Apl 4th 1883

Undertaker, J. H. McCoy

Place of Business, 422 W. Fayette St.

C. C. Welch M.D.,
Medical Attendant.

Address, 5 N. Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65647 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr. 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whittington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 32 Fountain alley

Cause of Death,
First, (Primary,) congestion of brain
Second, (Immediate,) convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 1883

Undertaker, Saml. H. Chase

Place of Business, 198 S. Howard st

G Lane Tompkins M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65648 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Hoffa

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Jeweler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2y Years

Place of Death, {Give street and Number.} 84 E Pleasant St

Cause of Death, First (Primary), Laudanum poisoning Laudanum

Second (Immediate), " " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Park Cemetery

Date of Burial, April 3rd 1883

Undertaker Mrs. L. Hans

Place of Business 317 Mulberry St *Address,* 161 E Pleasant St

Dr. Stobell M. D.

~~Medical Attendant~~

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65649 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Tilyard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 94 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 So. Sharp St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount, St. cemetery

Date of Burial, April 3d '83

Wm. L. Russell M. D.
Medical Attendant.

Undertaker, Wm. A. Burns

Place of Business, 62 East, Pratt St. *Address,* 238 N. Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65650 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 3 1903

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant so named, give names of parents.} Francis A. Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 227 Pine St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, Less than 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Bonnebrae

Date of Burial, April 3rd 03

Undertaker, Matthew Ekonomou

Place of Business, 227 Mulberry St

H. F. Hill M. D.
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6565 1 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 11 May St

Cause of Death, First, (Primary,) Shock of

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial. April 3 1883

Undertaker, J. Locke

Place of Business, 1113 Jefferson

Wm. L. Russell M. D.
Medical Attendant.

Address, 938 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 60652 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, March 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Heneau

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Months, 16 Days,

Color, Black

~~Married~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 N. Wolfe st

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) 2 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 3/83

Undertaker, T. J. Locke,

Place of Business,

Chas. F. Dimock M. D.,
Medical Attendant.

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65655 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* 6 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mail & Paper Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcestershire, Eng.

Duration of Residence in the City of Baltimore, 69 Frederick Ave about 25 yrs

Place of Death, {Give street and Number.}

Cause of Death, First, (Primary,) Epilepsy

Second, (Immediate,)

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 4th

Undertaker, R. B. Shields

Place of Business, 57 Frederick Ave

Wm Hood M. D.
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65654 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly.—If an infant not named, give names of parents.} George Rice

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 530 Hanford Ave

Cause of Death, First (Primary),

Second (Immediate) Variola

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, April 3rd 1883 Chas. Frank Kelly M. D.

Undertaker Perry Hoen Medical Attendant.

Place of Business, 389 N. Paca St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65655 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Dorsey the Simpley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ✓

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 243 S. Eutaw St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 3d 1883

Undertaker Wm. James Gray

Place of Business, 63 Mulberry St.

Address, 262 Sharp St.

A. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65656 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Butz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 109 Ridgely Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 4th 1883

Undertaker Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 146 Hanover

Frederick Cook M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Calvert Philler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Civil Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pope Co. Ark

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 43. Harlem Ave

Cause of Death {First, (Primary.) Hodgkin's Disease

{Second, (Immediate,) Pulmonary Tuberculosis

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, March Apl. 4. 1893

Undertaker, M. A. Lanier

Place of Business, 411 S. Bway

James Bacon M.D.
Medical Attendant.

Address, Arlington ave & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65658

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vollmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Foreman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 308 Mulberry St

Cause of Death, First, (Primary.) Varicular Disease of Heart

Second, (Immediate.) Apoplexy Cerebral

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 2 cd. April

Undertaker, F. J. Nanuth

Place of Business, No 58 N Hospital Street *Address,* 89 N. Green St

H. H. Hiepst M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3d (1st) 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dickie

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 46 4 Years, Months,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 Yrs

Place of Death, {Give street and number} 190 Ramsey St

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate.) Sudden, probably Embolism

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, April 4th 1893

{ Undertaker, Joseph F. Byrne
Place of Business, 59 Liberty St

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 N. Bidde St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd April 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richd Hailand

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Male.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, Five days

Place of Death, {Give street and number.} 326 N. Mount Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Five mths.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County A. J. Bru M. D.

Medical Attendant.

Date of Burial, April 3/83

Undertaker, J. E. Houghton Address 234 Madison Ave

Place of Business, Canada Ave near Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6566 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 2d 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Allen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, — Months, 5 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ~~135 Ridgely st.~~

Place of Death, { Give street and Number. } 135 Ridgely st.

Cause of Death, { First (Primary), Spasm

Second (Immediate), —

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, April 3rd 1883

Undertaker Sam'l W. Chase

Place of Business, 18 S. Howard *Address,* 164 S. Paca st.

C. L. Diffenbaugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65662 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Smith Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 Minute *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 Vincent Alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Unknown

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 4/83

Undertaker, J. B Cook

Place of Business, ———

Geo W Denson M. D.
Medical Attendant.

Address 211 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 65763

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~completely filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Hoke

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House work

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yr.

Place of Death, {Give street and number.} 416 E. Madison

Cause of Death, First, (Primary.) Apoplexia Cerebri

Second, (Immediate.) Paralysis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 25th 1883.

Undertaker, Peter Frey

Place of Business, 91 Eutaw Av

Address,

J. Hutton M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY

Board of Health, City of Baltimore,

Permit No. 65364 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 3 1885

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, House Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastville accomack ct. va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 106 Chestnut st

Cause of Death, First, (Primary,) Hepatic Abscess

Second, (Immediate,)

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 4th 3rd April

Undertaker, Wm Dungee

Place of Business, 62 ~~East~~ 6th

D. W. Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65665 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, June 2 or 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L. Lancaster

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Professor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, Lea years

Place of Death, {Give street and Number.} Loyola College Built

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial Woodstock Howard Co.

Date of Burial, April 4th 1883.

Undertaker H. H. Devilbiss & Son

Place of Business Saratoga & Park. *Address,* 5 Franklin St.

John Morris M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

Board of Health, City of Baltimore,

Permit No. 65666 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Unknown

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} St. Josephs Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Dyspnoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, E. B. Public Cemetery

Date of Burial, April 2 1883

Undertaker, H. Coleman

Place of Business, 21 E. Hall

L. G. Hoffman M. D., Medical Attendant.

Address, St. Josephs Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6566 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gorsuch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and Number.} No 6 Battle Monument Square

Cause of Death, First (Primary) Epilepsy

Second (Immediate)

Duration of Last Sickness, 1 Day

the above info mation should be furnished by the Physician.

Place of Burial, Dale Cem

Date of Burial, April 4th 83

Undertaker G. Francis

Place of Business, Banks & Wolf *Address,* 20 S Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 60668 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

APR 3 1883

Date of Death, Saturday March 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Augustus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 195 Vine St.

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 3 months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Apl 3 1883

Undertaker, William N Long

Place of Business, No 62 East St

E Dunnell M.D.,
Medical Attendant.

Address, 561 W Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65669 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Grace Manly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and Number.} 24 St Vincent Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft et Cent

Date of Burial, April 3/83

Undertaker, Wm N. Dunger

Place of Business,

Geo. W. Simon M. D.,
~~Medical Attendant.~~

Address, 1 Mt St Clair

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65670 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or earlier if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Boland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Da*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 8 Greenmount Avenue

Cause of Death, First, (Primary.)

Second, (Immediate.) Old age

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 4th

Undertaker, H. C. Wiedefeld

Place of Business, 9a Greenmount Ave

J. J. Coundy M. D.

Medical Attendant.

Address, Dover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65671 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, Apr 2 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mary Kempton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* *Days.*

Color W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 140 West St.

Cause of Death, First, (Primary,) Puerperal process

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 3

Undertaker, D. Thule

Place of Business,

S. Dukes M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65672 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 1 — 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lohman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, 31 *Years,* *Months,* *Da*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mississippi

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give street and Number.} Loudtown Ft. Road

Cause of Death, First, (Primary,) —

Second, (Immediate,) Gastro-enteritis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 4

Undertaker, B. Hurle

Place of Business, 62 West St

Wm P. Elles M. D.
Medical Attendant.

Address, 318 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65673 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Tuteur

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

~~Color,~~ White

~~Married,~~ ~~Single,~~ ~~Widow or Widower, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 76 S. Monroe St

Cause of death, First, (Primary,) Scarlatina & Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 to 10 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, April 4th 1883

Undertaker, Jos B Loats

Place of Business, No 707 N Gaulbert Street

C. C. McDowell, M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66674 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April ~~March~~ 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lannie J Hawes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, W

Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 373 Light St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Apl 2d 1883

Undertaker, Amos Dunn

Place of Business, 263 Light St

H. N. Webster M. D.,
Medical Attendant.

Address, 57 Baltic St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65675 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 3rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* Twenty one *Days*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 15 S. Paca St Court

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 4th 1883

Undertaker, John Mc Cue

Place of Business, No 180 Canden

A. Tyler Smith M. D.
Medical Attendant.

Address, 121 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65676 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcus Manbach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 Years, 3 Months, 21 Days

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Madam Prussia

Duration of Residence in the City of Baltimore, about 10 Years

Place of Death, {Give street and Number.} Nr 26 S. Grundt

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the Throat

Duration of Last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Beth Shalom

Date of Burial, April 5th 1883

Undertaker, Mrs Elsner

Place of Business, 101 Gough St

Pembroke M. Wroble M. D.
Medical Attendant.

Address, Nr 26 S. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65677 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia F Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~2~~ 28 *Years,* 1 *Months,* 7 *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} V

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} 150 Lombard St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, London Co Va.

Date of Burial, April 4th 1883

Undertaker Armstrong & Denny

Place of Business, 203 Light St

Theodore Cotte M.D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

15—Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 65678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1886

CERTIFICATE OF DEATH.

Date of Death, Ap. 3. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Wise

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3 yr. & 4 Mo

Place of Death, {Give street and number} 5 Spring Garden

Cause of Death { First, (Primary.) —
Second, (Immediate.) Small Pox

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1886

Undertaker, Thos. F. Chase

Place of Business, 96 E. Howard St.

R. Te, L. [illegible] M.
Medical Attendant.

Address, Hanover [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 65679 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Noah Graham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, About 12 Years

Place of Death, {Give street and Number.} # 26 Peach Alley

Cause of Death, First (Primary), Intermittent fever, Congestion

Second (Immediate), " "

Duration of Last Sickness, About 4 days

All the above information received from the Physician.

Place of Burial Rodman Cemetery

Date of Burial, April 5th 1883

Undertaker Samuel H Case

Place of Business, 18 S Frederick *Address,* 161 S Eutaw St

D. A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66780 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Jacob Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 293 E Lombard

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Apr. 5th 1883

Undertaker, J. B. Cook

Place of Business, 77 W. Balto. St.

James E Donnelly M. D.,
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65681 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delaj R Keeney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 100 E. Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Enteritis

Duration of Last Sickness, Nearly 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 5. 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

J. D. Morris M. D.
Medical Attendant.

Address, 1611 Fountain Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65682 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 3. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Marie Mason

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~9~~ *Years,* ~~—~~ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 554 W. Balto. St.

Cause of death, First, (Primary,) Syncope from

Second, (Immediate,) Congenital Weakness, result of non closure of Cavale.

Duration of Last Sickness, During life.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 4' 1883

Undertaker, J. B. Cook

Place of Business, 707 W Balto St.

John J. King M. D.,
Medical Attendant.

Address, 215 Carrollton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65688 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Kelly Burkhart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* *Da*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 291 N Charles St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 5 '83

Undertaker, Hopkins & Sons

Place of Business, Cor Pratt & Sarratoga Address.

Thos L Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 65684

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 3d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Shorb.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 135 N. Howard st

Cause of Death, First, (Primary,) Old age

Second, (Immediate.) Neurasthenia.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial Old Cath. Cem

Date of Burial, 5th Apr 1883.

Undertaker, H W Jenkins & Son

Place of Business, Park & Saratoga *Address,* 165 W. Monument st

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65685. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, April 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 159 York St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5 1883

Undertaker L. Ross

Place of Business, 75 Conway St / *Address,* 210 Shaft St

E. S. Boog M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66686 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Frank & Mary Robinson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/2 D.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 181 York st

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 4

Undertaker, Geo M Perkins

Place of Business,

Geo. N. Dixon M.D.
Medical Attendant.

Address 181 York st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 65687 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, April 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Octavius Diffendorf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Merchant,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 259 N. Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hydrocephalus

Duration of Last Sickness, Suddenly

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Apr. 4/83

Undertaker, STEWART & NOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave. *Address,* Cornell

H. H. Kennedy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66688 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1883

Date of Death, Tuesday April 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellin Robinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, About 43 *Years,* *Months,* *Days.*

Color, Color

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Middle River Neck Md

Duration of Residence in the City of Baltimore, about 36 years

Place of Death, {Give street and Number.} 18 Binnie St Canton

Cause of Death, First, (Primary,) Peritonitis Malvclosis

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas

Date of Burial, April 4

Undertaker, J J Gosha

Place of Business,

J E Pritchard M. D.

Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 66689 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 4 1893

Date of Death, April the 3th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernhard Carl Albert Jacoby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and Number.} 307 Alice anna St.

Cause of Death, First (Primary), Measels

Second (Immediate)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, April the 4th

Undertaker J. C. Lubeck

Place of Business, 265 Alleganna *Address,* Conig & Leuth

Geo. W. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65690 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 125 n Spring st

Cause of Death, First, (Primary,)

Second, (Immediate,) Smallpox

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4th 1883

Undertaker, W. M. Shadden

Place of Business, 46 East st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6569

Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do; under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 4 5 1883

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Nicholson,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, five *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Shuter & Lt Madison Sts

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5. 1883

Undertaker, Wm Madden

Place of Business, 70 East St

Walter Shay M. D.,
Medical Attendant.

Address, 718 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Five *Years,* *Months,*

Color, Mulatto

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederic County Md

Duration of Residence in the City of Baltimore, About 2 years

Place of Death, {Give street and number} No 174 S. Dallis St.

Cause of Death {First, (Primary,) Exciting Cause Unknown

{Second, (Immediate,) Spinal Meningitis

Duration of last Sickness, About 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th

Undertaker, Wm Bradley

Place of Business, 76 East St

Medical Attendant

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

7-

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

APR 4 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur L Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* —— D.

Color, White *Sex,* Male

{Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 345 Harford ave

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Atelectasis.

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem.

Date of Burial, April 5th 1883.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Chas. B. Leigh M. D.
Medical Attendant.

Address 523 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

7

Board of Health, City of Baltimore,

Permit No. 65694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Hunter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 Years, 11 Months, 17 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 34 McDonough St.

Cause of Death, First, (Primary.) Bronchitis.

Second, (Immediate.) Convulsions.

Duration of last Sickness, about 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, April 5-th 1883.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

John H. White, M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(over)

Board of Health, City of Baltimore,

Permit No. 61695 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday April 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 3 Canby Court

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Levering Cemetery

Date of Burial, April 3rd 1883

Undertaker, W. H. Bruner

Place of Business, No 62 East St

S. Simmons Harris M. D.
Medical Attendant.

Address, 561 Wroughette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 65696 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Smothers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* ~~7~~ *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} 244 Dover St

Cause of Death, First, (Primary,) General Debelity

Second, (Immediate,) Capillary Bronchitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 4th 1883

Undertaker, Wilson & Kemp

Place of Business, No 225 S

Wm P. Cummins M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65697 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Bernhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 65 Burke St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, abt 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 5 April 1883.

Undertaker, John G. Pfeil

Place of Business 265 Ostend ave

Chas. H. Moffit M. D.
Coroner ~~Medical Attendant.~~

Address, 67 E Burke St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65698 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 3rd. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Deegan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 28 *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Locust Pt. 36

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, Locust

Date of Burial, April 4

Undertaker, H Sanders

Place of Business,

Geo. K. Denson M.D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

DAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 65699 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Rheinhardt

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 2 *Years,* 4 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 402 Aliceanna St

Cause of Death. First (Primary).

Second (Immediate). Diphtheritic Croup 4 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, April 5th 1883 C. J. Williams M. D.

Undertaker H. Saunderson Medical Attendant.

Place of Business, 252 Canton Ave *Address,* 3 Bethel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians ... carefully observed to the ... Sections.

Board of Health, City of Baltimore.

Permit No. 6 0 7 0 0 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883

CERTIFICATE OF DEATH.

Date of Death, April 3d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Paul Lütke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City Since Birth,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } # 250 Alice Anna St

Cause of Death, First (Primary), Hydrocephalus (Congenital)

Second (Immediate),

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, April 5th 1883 *John H Kehlberger* M.D.

Undertaker H. C. Saulsbury & Son Medical Attendant.

Place of Business, 253 Canton Address, 2438 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66701 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Griffith Ulmer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ""

Occupation, ""

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Malta

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} 375 Park avenue

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Malignant Disease Head

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 6 1883 Hattem M. D.

Undertaker, Thos E Pugh Medical Attendant.

Place of Business, 111 E Balto Address, 23 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over.

Board of Health, City of Baltimore,

Permit No. 65702 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Kenyard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 263 Hughes St

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, April 4th 1883

Undertaker Wm. N. Bungee

Place of Business, 62 East, st.

Wm R Bivens M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65703 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Roe

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Winchester Va

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give street and Number. } Aged Mens Home Franklyn Square

Cause of Death, First, (Primary,) Cancer (Lower Jaw)

Second, (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet

Date of Burial, 5th April

Undertaker, Jenkins & Son

Place of Business, Charles St

Geo Keyser M. D.
Medical Attendant.

Address, Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

/3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Murray.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md — since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 119 Parkin St.

Cause of Death First, (Primary.) Scarlet Fever.

Second, (Immediate.) Dropsy.

Duration of last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Apr. 7 83

Undertaker, J. B. Cook

Place of Business, 701 W. Balto. *Address,* 283 N. Smith

S. G. Watts. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of [illegible] children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 65705 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3th day April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Power

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Disease of the Spine

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae Cemetery

Date of Burial, April 5th 1883

Undertaker, Henry J. Kelly

Place of Business,

Dr. Foote Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65786 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1915

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Fifteen *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State ..... and now long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 261 Hughes st

Cause of Death,
First, (Primary,) Bronchitis
Second, (Immediate,)

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, April 4

Undertaker, S Kerchner

Place of Business,

Julius Hall M. D.,
Medical Attendant
Eastern Dispensary
Address, 717 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6530 *Office of Registrar of Vital Statistics.* Ward 12 APR

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th. 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Weaver

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 5th 1883

Undertaker, Pat. Hunt

Place of Business, Division & Fayette

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave. & Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65708 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

APR 1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 3d, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age — *Years,* 3 *Months,* — *Days*

Color, White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Sudden.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 5th April/83

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

6570

65709

Permit No. .....

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Date of Death, ...

{ *Undertaker,*
{ *Place of Business*

Extract fro

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CERTIFICATE OF DEATH.

(To be [illegible])

Date of Death, March 4th 1883

Name of Deceased, Anna Spitz

Sex, ~~Male~~ or Female, Fem.

Age, 6 months

Color, White

Occupation, Anna

Birthplace, Md

Duration of Residence in B. C. Since birth

Place of Death, 34 N Eden

Cause of Death, { First, (Primary) .....
Second, (Immediate) Marasmus

Duration of Last Sickness, 1 Month

REMARKS.

Dr Benzinger
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Permit No. .....

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Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... Years, ... Months, ... Days

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

{ Undertaker, ... Place of Business, ... } Address ..... M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... in forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth ... as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ... cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

28 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Youngman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Townsend St and Argyle Avenue

Cause of Death First, (Primary.) Diptheria commencing on right tonsil

Second, (Immediate,) And Extending into Larynx — Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5th

Undertaker, Martin Fahey

Place of Business, 128 Townsend St

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No

Board of Health, City of Baltimore.

Permit No. 6571

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Samuel Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 2 Chatsworth St

Cause of Death, First, (Primary.) Neglect

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, About Three Weeks Without Attention

All the above information should be furnished by the Physician.

Place of Burial, Lownel Cemetery

Date of Burial, Apr 5 1883

Undertaker, Wilbur V Dorsey

Place of Business, No 62 East St

Helen Hall M.D.,
Medical Attendant.

Address, 317 Walker Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6572 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1893

CERTIFICATE OF DEATH.

Date of Death, April 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Brogan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Vincent alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Cold

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 5

Undertaker, W. R. Dennis & Co

Place of Business,

Geo. F. Dunson M. D.

~~Medical Attendant.~~

Address, Cor. of Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66716 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or will be required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 5 83

Date of Death, April 5-6- 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra Taylor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 407 E. Madison St.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Diarrhea

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7. 1883.

Undertaker, John W. Jackson

Place of Business, Eager & Gardner

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore.

Permit No. 65/140 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty six years.

Place of Death, {Give street and Number.} #238 E. Broadway

Cause of Death, First (Primary). old age.

Second (Immediate):

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M.E. Carmel Cemetery

Date of Burial, April 6th 83

Undertaker J. C. Schenk

Place of Business, 265 Alice Anna St *Residence,* 243 Alice Anna St

John H. Kehlberger M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66715 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 5 1883

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Merson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 18 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 116 S. Strieker St

Cause of Death, First, (Primary,)

Second, (Immediate,) Organic disease of heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7th 1883

Undertaker, S. M. Leariond

Place of Business, 702 W Balto

J. R. McShane M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

// Board of Health, City of Baltimore,

Permit No: 65716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 2 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. E. Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 — *Months,* 10 — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 84 Hanover bet Ald

Duration of Residence in the City of Baltimore, born here

Place of Death, {Give street and number} 84 Hanover Al

Cause of Death, {First, (Primary,) ____ Second, (Immediate,)} Congestion of Lungs, during life

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, April 5th

Undertaker, Henderson & Watson

Place of Business, 844 Pennsylvania Ave

L. R. Coates

Medical Attendant.

Address, 118 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

15-

Board of Health, City of Baltimore

Permit No. 65-717

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} "

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 36 or 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number.} Found in Old Basin

Verdict of Coroners Jury Unknown,

Cause of Death, {First, (Primary.) "

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Public County

Date of Burial, April 4 1883

Undertaker, Fred A. Kirchner

Place of Business, 150 Stanwell Ave

D. A. Bell M.D.,

~~Medical Officer~~ Coroner 2d Dist

Address, 161 E Eharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65716 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip C Robert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State in what country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 36 Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem.

Date of Burial, June 6 1883

Undertaker, J J Locke

Place of Business, 473 Jefferson St

L O Griffith M. D.
Medical Attendant.

Address, 189 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 65719 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Orms of Mahon Booth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} Gen'l St. No 25

Cause of Death, First (Primary), Rheumatism

Second (Immediate),

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, April 5th

Undertaker John Laake

Place of Business, 166 E. Balt. St

O S Mitchell M. D.
Medical Attendant.

Address, No 136 E. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65720 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dixon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 years *Years,* *Months,* *Ds.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 256 S Howard St

Cause of Death, First, (Primary,) Bronchitis & Pleurisy

Second, (Immediate,) A dispensary patient, not seen since

Duration of Last Sickness, three weeks Supposed above caused death

☞ All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6 1883

Undertaker, L Ross

Place of Business, 95 Commerce

A K Bond M. D.
Medical Attendant.

Address, Inside of Md. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63721 : *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 4 Plum Alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Heart disease

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, april 6 1883

Undertaker L. Ross

Place of Business 95 Conway

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

/3 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Soler

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 44 Years, 6 Months, 1 8 Days.

Color, White.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, House Kept.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, { Give street and number } 383 W Pratt St.

Cause of Death { First, (Primary,) Ovarian Tumor

Second, (Immediate,) Exhaustion

Duration of last Sickness, 18 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 6th 1883

{ *Undertaker,* Geo. Leinbach

Place of Business, 319 W. Pratt St

D. Richter M. D.
Medical Attendant.

Address, 530 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 15725 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hunterdorf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} Rear N. E. Bond and Dallas

Cause of Death, First, (Primary,)

Second, (Immediate,) Suffocation by a Gas of Explosion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 6 1883

Undertaker, A Fink

Place of Business,

F. G. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 65724 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1883

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Krause

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine years.

Place of Death, {Give street and Number.} # 239 S. Ann St.

Cause of Death, First (Primary), Abdominal Dropsy

Second (Immediate),

Duration of Last Sickness, Five months

the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 6th April 1883

Undertaker John A. Schuh

Place of Business, 268 Aisquith ave

John H Mehlberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65726 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 7 1903

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Poulson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty four *Years,* *Months,* *Da.*

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Queen Ann County Md

Duration of Residence in the City of Baltimore, about fifteen years

Place of Death, {Give street and Number.} 252 Hughes St

Cause of Death, First, (Primary,) Chronic Rheumatism & Bronchitis

Second, (Immediate,)

Duration of Last Sickness, about three Months

All the above Information to be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, April 6th 03

Undertaker, Kell Perkins

Place of Business, 130 Henrietta St *Address,*

Julius Hatlo, M. D.
Medical Attendant.
Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Rules on Reverse,

Board of Health, City of Baltimore.

Permit No. 65/26 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR. 6 1883

Date of Death, April 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Samuel,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 11 *Days*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 309 S. Bond St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cardiac paralysis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew

Date of Burial, April 6th 1883

Undertaker Wm. Elan

Place of Business, 101 Gough st

G. G. Kusk M. D.
Medical Attendant.

Address, Balt. & Park. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6672 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. McCarthy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* yrs *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Chas St. cor. Bond and Dallas sts

Cause of Death, First, (Primary,) Had his neck broken by a

Second, (Immediate.) Gas explosion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cemetery

Date of Burial. April 6th 1883

Undertaker, J. McGinnis & Co.

Place of Business, 43 Clinton st

H. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules [illegible]

Board of Health, City of Baltimore.

Permit No. 6572 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis J. Knight.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Blacksmith.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Switzerland.

Duration of Residence in the City of Baltimore, 69 yrs.

Place of Death, {Give street and Number.} 240 Montgomery St.

Cause of Death, First (Primary), Second (Immediate). Pneumonia.

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 8 1883

Undertaker C. F. Kirwan

Place of Business, 209 Harford *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore.

Permit No. 6529 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

APR 6 1893

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr 6 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Cole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), R. R. Coma

Second (Immediate), Shock

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, April 6

Undertaker W J Coleman

Place of Business,

W. R. Blank M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65720 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Summers

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 86 *Years,* *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 373 S Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 6th 1883

Undertaker, Armstrong & Denny

Place of Business, 263 Saratoga

J C Birch M. D.
Medical Attendant.

Address, 15 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65731 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in p last illness, is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Shaubut

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Da...*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 31 N. Paca St.

Cause of Death, First, (Primary,) Pneumonia (Contagious)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Druid Point Cemetery

Date of Burial, April 6

Undertaker, W. Eilau

Place of Business, 101 Gough St. *Address,* 284 N. Bond

G. J. Dayton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is respectfully invited to this Schedule of Forms,

Board of Health, City of Baltimore.

65732

Permit No. 65732 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Anderson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* . *Days.*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 48 Boyd Street

Cause of Death, First (Primary),

Second (Immediate) Gastritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Apr 6 1883

Undertaker William Berger

Place of Business, No 62 East St

W. S. Tilcomb M. D.
Medical Attendant.

Address, 616 N. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66738 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 4 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jimmie Plaiter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore, 20 Wagon al

Place of Death, {Give street and Number.}

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, Apr 6 1883

Undertaker William N Dinges

Place of Business, Not [illegible]

Alexander Tenley M. D.
~~Medical Attendant~~
Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65784 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 6 1883

Date of Death, April 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Knight

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 71 Patterson Ave

Cause of Death, First, (Primary,) Consumption & Lungs

Second, (Immediate) ~

Duration of Last Sickness, over 3 Years

All the above facts should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 8th

Undertaker, Martin Nagel

Place of Business, 124 Lanvale St

G H Stones M. D.,
Medical Attendant.

Address, S.W. Cor. Preston & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

Permit No. 65785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 218 Park av.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Coma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 6 1883

J. E. Lindsay M.D., M. D.
Medical Attendant.

Undertaker, Jas C Byrne

Place of Business, 63 Front st *Address* 167 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other perron or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certif.

Board of Health, City of Baltimore.

Permit No. 66736 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 6 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bowes. Stapp

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 322 Fremont St N.

Cause of Death, First (Primary), Tuberculous Phthisis

Second (Immediate), Exhaustion.

Duration of Last Sickness, Four months.

the above information should be furnished by the Physician.

Place of Burial, Fremont Cemetery

Date of Burial, Sunday April 8/83

Undertaker J. E. Hough & Co

Place of Business 320 Fremont Av. *Address,* N. 58 N. Liberty St.

G Stapp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6373 **Office of Registrar of Vital Statistics.** **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel S Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 8 Pear Alley

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Grace St. Cem.

Date of Burial, April 6th 1883

Undertaker Daniel F. Grace

Place of Business, 8 & 8½ Howard St

J Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66738 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Crawford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt^e City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Balt^e Orphan Asylum Madison St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Lung & Brain —

Duration of Last Sickness, 6 weeks —

the above information should be furnished by the Physician.

Place of Burial, Potters Cem^y

Date of Burial, April 7. 1883

A. P. Smith M. D.
Medical Attendant.

Undertaker H. O. Jenkins & Son

Place of Business Park & Saratoga *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65739 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1893

CERTIFICATE OF DEATH.

Date of Death, April 5 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Fleischbach

Sex, Male or Female, { Cross out the word not required in this line. }

Age, [illegible] *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Tinsmith

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, { Give street and Number. } 622 Eutaw

Cause of Death. First (Primary). Mitral Disease Marasmus

Second (Immediate). Hypostatic Congestion of Heart

Duration of Last Sickness, Cedar Hill 1 year; Buried Dead

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, April 7

Undertaker B. Hart

Place of Business, 82 West Pratt

Residence 622 Eutaw M. D.

Medical Attendant.

Address, 142 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention o

Permit No. 66

The Physician who
to the Undertaker or ot
requested so to do, unde

C

Date of Death,

Full Name of D

Sex, Male or Fe

Age,

Color,

Married, Single,

Occupation

Birthplace, { State or long in if of fore

Duration of Resid

Place of Death, { G

Cause of Death,

Duration of Last
the above info ma

Place of Burial,

Date of Burial,

Undertaker H

Place of Busine

Extract from Reg

SECTION 2. *And be*
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forty-eight hours after the
same can be ascertained,
date of death, except in c

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64720 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Triaca

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Fruit Dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 921 Camden St.

Cause of Death, First (Primary), Variola

Second (Immediate), Hyperpyrexia

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, L. Peters

Date of Burial, April 6

Undertaker C. F. Kraune

Place of Business,

Wm Gombel M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6574 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 6 1893

CERTIFICATE OF DEATH.

Date of Death, April 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Skinner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~~.....~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 24 days

Place of Death, {Give street and Number.} 160 William St

Cause of Death. First (Primary), Small Pox

Second (Immediate), ...

Duration of Last Sickness, 11 days

the above information should be furnished by the Physician.

Place of Burial, Potts cemetery

Date of Burial, April 6

Undertaker B. Hartle

Place of Business, 42 West

Ross, Ellen M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65742 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th april 1883

Full Name of Deceaced, {Write legibly and spell correctly. If an infant not named, give names of parents.} Delfine Jahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor Yolen and valley Sts

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, P. Packman

Date of Burial, April 7th 83

Undertaker, H Blattenberger Jr

Place of Business, 260 E. Lombard St

Jno Burke Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6574 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 7 1883

Date of Death, Apr 7. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schafer

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *D.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, harness Maker

Birthplace, {State or country. And how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 253 Columbia Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Variola

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 7

Undertaker, A Knell

Place of Business, *Address,*

D Lemmon M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6.5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick. Wm Bolanfe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 31 W Chase St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 7th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guenmount Ave

Thos F. Hearn M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65746 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit to be Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 7 1883

Date of Death, 7th April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} child of A. & T. Gill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 hrs ~~Days~~

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and Number.} 13 S. Hugh st

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) ____

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 7th 1883

Undertaker, Hoy & Means

Place of Business, 45 N Gay St

J. I. Webster, M. D.
Medical Attendant.

Address, 57 Brown st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65746 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 7 1883

Date of Death, April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wiesner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 S. Castle St.

Cause of Death, First, (Primary,) Vanda

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Jasons Cem

Date of Burial, April 7th

Undertaker, H. Lippel

Place of Business, 151 S Bond St

J. McPherson, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

2

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 65777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APT 1893

CERTIFICATE OF DEATH.

Date of Death, April 6. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Jook

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 a ... *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Restaurant.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 38 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 419 Fremont St. (Small Pox) not Small Pox

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid fever.

Duration of Last Sickness, Since Feb. 14 or 15.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, April 7th

Undertaker, H Dippel

Place of Business, 151 S Bond St *Address,*

C. H. Luh M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65746 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 7 1883

Date of Death, 4.6.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel F. Shackbridge

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~ ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 141 N. Findlay ave

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) ———

Duration of Last Sickness, Several days

All the above Information should be furnished by the Physician.

Place of Burial London Park Cem

Date of Burial, Apr 7th 1883 Wm Eastman *M. D.*

Medical Attendant.

Undertaker Henry Mitchell

Place of Business, 138 N. Fayette Address, 349 Lund

Extract from Regulations of the Board of Health to secure a full And correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65749 *Office of Registrar of Vital Statistics.* Ward 11th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 7 1883

Date of Death, April 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Bogue

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 61 Cathedral st

Cause of Death, First, (Primary,) Cerebral Hemorrhage & Paralysis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, 9th April 1883.

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts *Address,* 115 W. Monument st

C. O'Donovan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65750 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 7 1883

Date of Death, April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Krafft

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Teacher

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, April 7th 83

Undertaker, C. T. Law

Place of Business, 62½ W. Balt St.

S. W. Abbott M. D.,
Medical Attendant.

Address, S.E. Cor Eager & Jonalin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last Page of Blank.

Board of Health, City of Baltimore.

Permit No. 65731 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1883

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Sarah Penfield

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Cold

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lt

Place of Death, {Give street and Number.} 1114 Forest st

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, two months

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1883

Undertaker J J Lucke

Place of Business, 413 Hanover st

C S Mahon M. D.
Medical Attendant.

Address, Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6675-2 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 6 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vojtěch Velenovsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 2 *Months,* 2 *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 42 Duncan alley

Cause of Death, First, (Primary) Confluent Variola

Second, (Immediate) Exhaustion not mentioned

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 9 1883

Undertaker, John Herzog

Place of Business, 382 Orleans St. *Address,* 128 Chestnut

W. F. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6576-3 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 1893

Date of Death, April 6th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. C. Stretzer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 24 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 32 N. Eden St

Cause of Death,
First, (Primary,) Diphtheria
Second, (Immediate,) Thrombosis of jugular vein

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th

Undertaker, George Schilling

Place of Business, Ashland Square

Wm Salzer M. D.
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...ition of

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Lemcke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* # *Months,* # *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 638 Lexington Street

Cause of Death {First, (Primary,) Peritonitis
Second, (Immediate,) Asthenia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, April 7

Undertaker, S. H. Doll

Place of Business,

W. A. B. Sellman M. D.
Medical Attendant.

Address, 249 Carroll...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65755 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 7 C 1883

Date of Death, April 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Carney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, Days,

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Wagner St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Olivet Cem

Date of Burial, April 8th

Undertaker, Wm. J. Fickus

Place of Business, 65 S. Eutaw

H L. Stein M. D.,
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Cer

2 Board of Health, City of Baltimore,

Permit No. 65766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Whitehead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oysterhouse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Since birth

Duration of Residence in the City of Baltimore, 173 S. Dallas

Place of Death, {Give street and number} Apoplexy 2nd attack

Cause of Death { First, (Primary,) Convulsions

, { Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, June 8th 1883

Undertaker, M. J. Madden

Place of Business, 76 East St

Wm. N. Neill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 65737 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 6 1883

Full Name of Deceased, { Write legible and spell correctly. If an infant not named, give names of parents. } Anna Fink

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 4 *Years,* 7 *Months,* 20 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number } 94 Fourth

Cause of Death { First (Primary), Diphtheria Symptomatic
Second (Immediate), Paralysis cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, April 7th 1883

Undertaker Adam Fink

Place of Business, 761 N. Gay St *Address,* 248 E. Baltimore St

J Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Physicians is respectfully invited to the following rules,

Board of Health, City of Baltimore,

Permit No. 6578 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 6, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Skarta,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 38 Barnes St.

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cemetery

Date of Burial, April 8th 1883

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 95 Park Ave

A. F. Eyrich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65769 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 5th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bernard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 244 N Washington Ave

Cause of Death, { First, (Primary.) Pneumonia / Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 7th 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

L. A. Winternitz M. D.,
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66760 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 6 1883

CERTIFICATE OF DEATH.

Date of Death, April 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Muerdler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years.* 5 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation ....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 97 S. Paca st

Cause of Death, {First (Primary). Phthisis Pulmonalis

Second (Immediate). Prostration

Duration of Last Sickness, 9 Months

All the above info matton should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 9.

Undertaker G. Lauenbach.

Place of Business, 334 West Pratt *Address,* 116 S. Paca

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...d of Health, City of Baltimore,

Permit No. 65761 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

65761 No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bruce I. Ehart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 240 Gough St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) ...

Duration of Last Sickness, 2 Mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th 1883

Undertaker, Denny & Mitchell

Place of Business, 186 S Broadway

J. Reese, M. D., Medical Attendant.

Address, 240 Gough St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...rd of Health, City of Baltimore.

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

65762 CERTIFICATE OF DEATH.

APR 1893

Date of Death, April 6

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 15 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 68 Elbow Lane

Cause of Death, First (Primary),

Second (Immediate) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 7

Undertaker W. W. Duncan

Place of Business,

Geo. R. Dunson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65763 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 6 1883

Date of Death, April 5, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May J. Lehmann

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 2 3 *Years,* 6 *Months,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and Number.} 36 Washington Road.

Cause of Death, First (Primary), Chronic Malaria.

Second (Immediate), Epistaxis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sel. Alphonsus

Date of Burial, April 8th 1883.

Undertaker J. H. Seewald

Place of Business, 35 S. Eutaw St.

A. F. Erich M. D.
Medical Attendant.

Address, 95 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible] on Back of This.

Board of Health, City of Baltimore,

Permit No. 65671 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

65764

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Mabel [illegible]

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* *Days*

Color, Col

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 108 Welcome

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Laur Cemetery

Date of Burial, April 9 1883

Undertaker H. Ross

Place of Business, 95 Conway

Ellis Nicholson M. D.
Medical Attendant.

Address, 188 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 65763. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Hewett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 Hood Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness, 8

All the above information should be furnished by the Physician.

Place of Burial, Chas. St Cemetery

Date of Burial, April 7th 1883

Undertaker Wm J Gray

Place of Business, 65 Mulberry St

W S Bond M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Arthur

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Da*

Color, Black

Race, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 6 Little Calhoun St

Cause of Death, First, (Primary,) Influ of Lungs

Second, (Immediate,) Abscess of Lungs

Duration of Last Sickness, about 5 days

All the above Information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, April

Undertaker, Henderson

Place of Business,

A K Bond *M. D.,*
Medical Attendant.

Address, 1111 Mad Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

pectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 65767 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April the 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Whaley

~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 42 Homestead

Cause of Death. { First (Primary), ... Second (Immediate), Headfall Asthenia

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Shs pa St cem ty

Date of Burial, April the 7

Undertaker Mr Madden

Place of Business, East St

Geo N. Dixon M. D.
Medical Attendant.

Address Cor Fleet & Wolfe Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...marks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6576 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francisca Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Years, 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ger

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 17 n Carlton Av,

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Three days

the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, April 9th

Undertaker H. Lippold

Place of Business, 18 S Howard St

John A Kelberger M. D.
Medical Attendant.

Address, 2434 Lincoln Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 60769 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 7 1883

CERTIFICATE OF DEATH.

Date of Death, April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Handy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 16 Months, — Days. 9

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 180 Madison St.

Cause of death, First, (Primary.) Congestion

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Apr 8th 1883

Undertaker, S. M. Shaw

Place of Business, 198 S. Howard St

Samuel Kinsey M. D.,
Medical Attendant.

Address, 115 E. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6570 **Office of Registrar of Vital Statistics.** **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, Washington

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~ 4

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} ~

Cause of Death, First (Primary), —

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, March 31 1883

Undertaker Fred A Kerchner

Place of Business, 150 S Carrollton *Address,* Corner

Alexander Tinsley M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65771 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Olivia Taylor Brady

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 411 E. Baltimore St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Acute desquamative Nephritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 8th 1883

Undertaker, Denny & Milstead

Place of Business, 60 N. Broadway

James F. McShane M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his last illness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore, Ward 1

Permit No. 6572 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Allen

Sex, Male or Female, {Cross out the word not required in this line.} 1 Months, Days.

Age, 2 Years,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 117 Elliott St

Cause of Death, {First, (Primary.) Croup.
Second, (Immediate,) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 8th 1883

{Undertaker, Casper Eckhardt
Place of Business, 269 Caroline Ave} Address,

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...is Respectfully ... Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 65773 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Polk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 7 *Months,* 1 *Days*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 3 E Green William Sts

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) "

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,** Laurel Cem

Date of Burial, Apr 8th 1883

Silas Baldwin M. D.
Medical Attendant.

Undertaker, Alexander Hemsley

Place of Business, 116 Orchard St *Address,* 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully invited to the Reports below, and to that of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65774 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of Law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Kempfer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 15 Days

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 140 Battery Av

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, April 8th 1883.

Undertaker, B. Hale.

Place of Business, 82 West St *Address,*

S Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6577

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6577 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fedinicle Sweigart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Milkman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 720 Hanover St

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Paralysis

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9 } By Forrest Carter M. D.

Undertaker H Parish } Medical Attendant.

Place of Business, 81 Henrietta *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6576 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883 APR 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walberger Würzburger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 Years, *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and Number.} # 257 S Bond St.

Cause of Death, First (Primary), Pneumonia (Acute)

Second (Immediate),

Duration of Last Sickness, Four days

the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, April 8th

Undertaker Wendel Dippel

Place of Business, 151 S Bond

John H. Kellberger M. D.
Medical Attendant.

Address, 543 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to those contained on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6v 777 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 8 1883

Date of Death, Balto. April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Baschnagel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 — *Years,* — *Months,* — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Needle Work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden — Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} April 6/83 - on board S.S. Weserdeutsch

Cause of death, First, (Primary,) Cramps

Second, (Immediate,) Heart disease

Duration of Last Sickness, Three Hours —

All the above information should be furnished by the Physician.

Place of Burial, Ft. Ev. Lutheran Cem

Date of Burial, April 8. 1883

Undertaker, H. Saunders & Son

Place of Business, 202 Eastern

D. Steibel St. Wien M. D.,
Medical Attendant.

Address, Locust Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65778 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Kane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, Blk

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation None

Birthplace, {State country, and how long in the United States, if of foreign birth.} Maryland Place unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 88 Canal St.

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Spring Co. Cemetery

Date of Burial, Apr 8th 1883

Undertaker S. M. Chase

Place of Business, 198 S Howard *Address* 117 S Broadway

R. W. Mansfield M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65779 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday, April 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zackariah Childs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seventy One *Years,* — *Months,* Twenty Two *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Fifty One years

Place of Death, {Give street and Number.} No. 184 Aliceanna Street

Cause of Death, First, (Primary,) —

Second, (Immediate,) Paralysis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th 1883

Undertaker, John Lake

Place of Business, 166 E Balto St

Wm H. Clendinen, M. D., Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 65780 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Baker Winter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ Years, Eight Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 371 Saratoga St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 9th 1883

Undertaker, J. Harris

Place of Business, 317 Mulberry Address, 506 W. Fayette st

A. C. Fox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65781 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 9 1883 DEPT. OF HEALTH

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Richard Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} # 15 S. Collington Ave.

Cause of Death, First, (Primary,) Diabetes Mellitus with Gastritis Complicated

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Druid Mount Cemetery

Date of Burial, April 9th 1883

Undertaker, Denny & Butchell

Place of Business, 66 S. Broadway

E. P. Irons M.D.

Medical Attendant.

Address, # 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65782 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1933

CERTIFICATE OF DEATH.

Date of Death, June 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Quill

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State on country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 421 S. Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Liver

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount De Grace Md

Date of Burial, April 10th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

E. G. Gaw, M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 63783 *Office of Registrar of Vital Statistics* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 5 1883

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Young

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, abt 40 *Years,* — *Months,* — *Days.*

Color, C

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Nursing Life

Place of Death, {Give street and Number.} 3 Maxwell Alley

Cause of Death, First, (Primary,) Intemperance & Exposure

Second, (Immediate,)

Duration of Last Sickness, abt 12 hours

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 9 1883

Undertaker, Wilkinson Monroe

Place of Business No 62 East Pratt

H Wilcox M. D.
Coroner & Dr Medical Attendant.

Address, 67 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible] to List of Diseases on Back of [illegible]

// Board of Health, City of [illegible]ltimore,

OFFICE OF REGISTRAR [illegible]TAL STATISTICS

Permit No. 65784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 a.m. 8th April, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Mary Barnes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* Twenty-six *Days.*

Color. Colored

Married, Single, Widow or Wid? {Cross out the word not} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 116 Tyson St- Baltimore, Maryland.

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} 116 Tyson St- Baltimore, Maryland.

Cause of Death, First, (Primary.) Measles & Fortwing

Second, (Immediate.) " "

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 9th/883

Undertaker, Alex Henesler

Place of Business, 116 Orchard

Wm. J. Smith
Medical Attendant.

Address, 236 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. [illegible] & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back [illegible]

Board of Health, City of Baltimore,

Permit No. 6578 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reba Lunberry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 271 Preston

Cause of death, First, (Primary,) Intrinsic Nascentiarum

Second, (Immediate,)

Duration of Last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 9. 1883

Undertaker, Alex Hensley

Place of Business, 116 Orchard St

C Winslow M. D.,
Medical Attendant.

Address, 27 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and ... List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65786 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. McC. Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 73 Millington Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th

Undertaker, George Schilling

Place of Business, Ashland Square

Leo. F. Dayler M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6578 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia N. Aigell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 8 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Haven Ct.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 1425 N. Strong Central Av.

Cause of Death, First, (Primary,) Senility

Second, (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, April 10th

Undertaker, Geo. Skilling

Place of Business,

Geo. A. Norman M. D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65788 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Dobbs

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 429 E. Oliver

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) asthenia

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 9/83

Undertaker, W. H. Hickman

Place of Business, N Gay St

J. Whilton Griffith M. D.
Medical Attendant.

Address for D. Small 1484 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Ward 15

Permit No. 66789 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 7. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Rooney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Soap Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary) Injuries Fract Skull &c

Second (Immediate) Concussion of Brain & Shock 21 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 9th

Undertaker H. C. Weidefeld

Place of Business, 90 Guenmount Ave

Alexander Ingleby M. D
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

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Board of Health, City of Baltimore,

Permit No. 65790

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BOARD OF HEALTH APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca E. Thomas.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ohio.

Duration of Residence in the City of Baltimore, 2 yrs and 8 months.

Place of Death, {Give street and number.} 297 Myrtle Avenue -

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.) Exhaustion -

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April. 10 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

R. H. Goldsmith - M.D.,
Medical Attendant.

Address, Harlem Ave Calhoun st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65791 *Office of Registrar of Vital Statistics.* Ward 07

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 Apr. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester A. Arthur Leidner

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 2 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 207 Hollins st.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Strangulation

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Myers Cem. Irish Rd

Date of Burial, April 10 1883

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St.

J. Wm Hood M. D.
Medical Attendant.

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 5792 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Ryan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 Years. Months. D...

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and Number.} No. 87 Eastern Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, April 12 83

Undertaker, P. Francis

Place of Business, Bank & Wolfe Address, 1180 Eastern Ave

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 6793 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Schaffer.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* — *D.* —

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 163 N. Carolina St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 16 months

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 10 & 1883

Undertaker, Fred. Gaede

Place of Business 14 S. Caroline *Address,* 18 Broadway

Jno. S. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 65774 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Collins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 10 *Days*

Color, cd

Married, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 93 Chimd St

Cause of Death, First (Primary), Perityphlitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1883

Undertaker H G Rodd

Place of Business, 95 Lombard

Wm Gombel M. D.
Medical Attendant.

Address, 1700 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65796 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 2 1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line}

Age, — *Years,* 14 *Months,* — *Days* 7

Color, b

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 145 S Gallow St

Cause of Death, First, (Primary,) Diphtheria (Supposed)

Second, (Immediate,) 3

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial ~~E P~~

Date of Burial, April 9

Undertaker, M Coleman

Place of Business,

C M Wolfe M. D.

Medical Attendant.

Address, Cor E & Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65796 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, 7th April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanora Kenny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 4 yrs

Place of Death, {Give street and Number.} 28 Bond St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 10th 83 H. W. Webster M. D.

Medical Attendant.

Undertaker Joseph F Byrne

Place of Business, 59 N Liberty *Address,* 59 N Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65791 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 9 1883

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Wm Briskoe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and Number.} 14th 19 or Ballard

Cause of Death, First, (Primary,) Phthisis pulm

Second, (Immediate,) Debility

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, N Potters Cem

Date of Burial, 9th April

Undertaker, Henry McGinnis

Place of Business, No 5 Central

L. C. Brisbrucke M. D.
Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 65798 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1903

CERTIFICATE OF DEATH.

Date of Death, April 1st 03-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha M. Fitzer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 11 — *Months,* *Days,* 1

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 183 E. Madison St

Cause of Death, First, (Primary,) Carcinoma Uteri -

Second, (Immediate,) Exhaustion -

Duration of Last Sickness, one year -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th

Undertaker, W. H. Tuckerman

Place of Business, —

Gertrude Rosser M. D.,
Medical Attendant.

Address, 49 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65799 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Williams

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philada Pa

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 115 S. Broadway

Cause of death, First, (Primary,) Pulmonitis

Second, (Immediate,) Paralysis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem.

Date of Burial, April 9, 1883

Undertaker, M. A. Dager

Place of Business, 714 S. Bway

E. B. Dillard *M. D.,*
Medical Attendant.

Address, 514 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65800 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie L. M. Cockey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 9 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 45 N. Gilmor St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 9th 1883

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont *Address,* 137 N. Carrollton av

J. W. C. Cuddy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6501 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or after if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, Saturday night April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Augusta McNew

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 10 *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and Number.} 207 Hudson St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 10 day

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem

Date of Burial April 9, 1883

Undertaker H. Sander & son

Place of Business, 253 Canton ave.

J. E. Prichard M. D.
Medical Attendant.

Address, 280 Dounds St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65802 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days*

Color, Col'd

~~Single, Married, Widowed or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 53 Stockholm St

Cause of Death, First (Primary),

Second (Immediate) Small Pox

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, April 9 1883

Undertaker Kerchner

Place of Business, ——

Geo. W. Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65983 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Rudberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

~~Age~~, ~~Years~~, 9 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and Number.} No 9 Durham St

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 10/83

Undertaker, Fry & Son

Place of Business, 81 N Broadway

S. C. Stockman M. D.
Medical Attendant.

Address, 346 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and complete record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY

Board of Health, City of Baltimore,

Permit No. 66804 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE
APR 9
1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R. Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 45 Front St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness, Several weeks

All the above Information should be furnished by the Physician.

Place of Burial Green Mount Cem

Date of Burial, April 11th 83

Undertaker, Wm H Hickman

Place of Business, 1234 Pratt

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 66805 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1883

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age 41 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Orleans

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 210 Argyle Ave.

Cause of Death, First (Primary), Heart Disease / Mitral Regurgitation

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, April 9

Undertaker C. W. Blizzard

Place of Business, 1780 Penn ave

John G. Huck M. D.
Medical Attendant.

Address, Argyle Ave & Towson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65786 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 9 1903 HEALTH DEPT.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} U. of C. Hospital

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial. April 8

Undertaker, C. H. Bluzard

Place of Business, 178 Penna ave

T. A. Abbe M. D.,
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65807 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
SEP 3
9 1
1833
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 8 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Portwood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 05 *Years,* *Months,* *Days.*

Color. W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Ga

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 188 Eastfield av.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 10/83

Undertaker W. Saunders and Son

Place of Business, 2052 Eastland av.

J. L. Watkins M. D.
Medical Attendant.

Address, 197 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 65708 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE APR 9 1 1883

Date of Death, April 7/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. V

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

At the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 9/83.

Undertaker, Pat. Hurst

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65809 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Mohr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) *Years,* *Months,* Twenty four (24) *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and Number. } 23 Biddle St

Cause of Death, First, (Primary,) Scarlatinal Nephritis

Second; (Immediate,) Uremia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 10th 1885.

Undertaker, Geo. Schillings

Place of Business, Ashland & Lyon

Carl Lover M. D.,
Medical Attendant.

Address, 23 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6548 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 9 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie B Mitchell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 1 Bleeks Alley

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Bathing

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 10

Undertaker B. Mark

Place of Business, 42 West St

C W Boyle M. D.
Medical Attendant

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 65811 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 7/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs B Meese

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* ..... *Months,* ..... *Days* /

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} No 5 E Baltimore St

Cause of Death, First, (Primary,) Asthma / Exhausted

Second, (Immediate,) Cardiac Paralysis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Portsmouth Va

Date of Burial, April 12th 1883

Undertaker, Denny & Mitchell

Place of Business, 53 W Fayette Address S.E. Cor Balto & Eutaw

H O Nelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

65812 — **Board of Health, City of Baltimore.**

Permit No. ~~2895~~ *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 10 1883

Date of Death, April 8. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Duncan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Providence Rhode Island

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and Number. } 119 W Madison St

Cause of Death, First (Primary), Opium of Chloral -

Second (Immediate) administered by her own hands

Duration of Last Sickness, 1½ hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 10th 1883

Undertaker Hemsley & Hunt

Place of Business, Pratt & Eutaw

Alexander Tenley M. D.

~~Medical Examiner~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-813 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. Ball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, ~~Housekeeper~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northampton Co Va

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and Number.} No. 438 S. Stricker St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, Ill 2 days

All the above information should be furnished by the Physician.

Place of Burial, Northampton Va.

Date of Burial, April 10th 1883

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St. *Address,* 206 W. Fayette St

Chas H. Tuttle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66714 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1893

CERTIFICATE OF DEATH.

Date of Death, April 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lockhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Adams Co Pa

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and Number.} 5 Otterd St.

Cause of Death, First, (Primary,) Bright disease

Second, (Immediate,) .....

Duration of Last Sickness, Nine (9) months

All the above information should be furnished by the Physician.

Place of Burial, Battenia Cemetery

Date of Burial, April 11

Undertaker, Joseph Bond

Place of Business, 707 W Pratt Battery

H L Flinn M. D.
Medical Attendant.

Address, 397 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6516 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 8 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ryan

Sex, Male or Female, {Cross out the word not required in this line.} V

Age, 76 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 yr.

Place of Death, {Give street and Number.} 150 Maynard

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Apr 10th 83

Undertaker, J. F. Krause

Place of Business,

F. W. Wehle M.D.
Medical Attendant.

Address, 57 Barnet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65816 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 10 1883 MD

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Apr 8 — 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Hastet

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age 70 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore Life time

Place of Death, { Give street and Number. } Corby, Hospital Brights

First (Primary),

Cause of Death,

Second (Immediate), Uraemia 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Apr 10th 1883

Undertaker Alex Heusley

Place of Business 116 Orchard

Address, City Hospital

W R Welch
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 6517 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Leonhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age 6 *Years,* 6 *Months,* 3 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 42 Burgundy st.

Cause of Death, First (Primary), Pyaemia

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 11th 1883

Undertaker Wm. J. Fickner

Place of Business, 65 S. Eutaw *Address,* 166 S. Paca st.

Dr. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66-718 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Christian Walter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 06 *Years,* 9 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2a Years

Place of Death, {Give street and Number.} 250 E. Fayette St

Cause of Death, First, (Primary,) Acute Progressive Anemia

Second, (Immediate,) Malnutrition

Duration of Last Sickness, Two (2) Months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial. April 11th 1883

Undertaker, Henry Lord

Place of Business, 169 N. Eutaw St

W. Shuler M. D., Medical Attendant.

Address, 250 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65819 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Summers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and Number.} 138 N. Schroeppel St.

Cause of Death, First, (Primary,) Small Pox.

Second, (Immediate) Congestion of the Lungs

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial Dallas of Penn

Date of Burial, April 10 1883

Undertaker, J. Lock

Place of Business, #78 Jefferson St

Francis N. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65820 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 9/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H. Calwell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 140 S. Durham St.

Cause of Death,
First (Primary), Marasmus
Second (Immediate), ...

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Dallas at Cemetery

Date of Burial, April 10 1883

R. N. Mansfield M. D
Medical Attendant.

Undertaker J. Locke

Place of Business, #18 Jefferson *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6582 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age 67 *Years,* *Months,* *Days.*

Color, Black.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wife of George Green

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, all her Life

Place of Death, {Give street and number.} No 5 Hoffman alley

Cause of death, First, (Primary,) Organic Valvular Disease

Second, (Immediate,) of Heart.

Duration of Last Sickness, Died Suddenly.

All the above information should be furnished by the Physician.

Place of Burial, Levindale Cemetery

Date of Burial, Apl 9 1883

Undertaker, William N Duncan

Place of Business, No 62 Eutaw

Chas. L. R. Shipley M. D.,
Medical Attendant.

Address, 173 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Board of Health, City of Baltimore,

Permit No. 65822

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos W Ramsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Cor Division & Bloom Sts

Cause of Death, First, (Primary.) Burns from scalding water

Second, (Immediate.)

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, April 10th 1883

Undertaker, John T Bomgardner

Place of Business, 320 Penna Ave

Chas C Sadler M.D.,
Medical Attendant.

Address, 365 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65823 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eellinor [illegible]

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 660 Saratoga St

Cause of Death, First, (Primary,) Epilepsy 1 Cerebral Hyperaemia

Second, (Immediate,) "

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, June 11 '83

Undertaker, H. H. Dayn

Place of Business, 74 E. Bway

[illegible] M. D.,
Medical Attendant.

Address, 2[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 65824 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 3 *Months,* 2 *Days.*

Color,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Phila, Pa.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 43 Milliman St.

Cause of Death, First, (Primary,) Debility

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11, 1883

Undertaker, James P. Byrne

Place of Business, 60 Front St. *Address,* 347 Broadway

J. W. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65825 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th, - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schwind

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 1 year.

☞ All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, April 1883.

Undertaker, Jos. Gaffigan

Place of Business, Druid Ground

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Holliday & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 65-F16 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eathann Andrae

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Cancer of Breast, Ulceration

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 12th 1883

Undertaker, John F. Andrews

Place of Business, 1614 Druid Hill Ave

WEST M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6582 7 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Ry Ragner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1785 Regester

Cause of Death, First (Primary).

Second (Immediate) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuels

Date of Burial, April 10

Undertaker F Geede

Place of Business,

Geo. R. Dennis M. D.
Medical Attendant.

Office of Health
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65828 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Klees

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 7 *Months,* X *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years V

Place of Death, {Give street and number.} 37 Division st

Cause of death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Leuden Park

Date of Burial, April 12

Undertaker, Walter Immel

Place of Business, 315 West Baltimore *Address,* 21 McCulloh st

E Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65829 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, 9th April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Gould

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color red

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 38 Forest st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart disease

Duration of Last Sickness, Two years I visited only the before he die

All the above information should be furnished by the Physician.

Place of Burial, Arbon

Date of Burial, April 10

Undertaker, H V Dugee

Place of Business,

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 65830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wallie Blandell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* —

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 41 S. Calhoun

Cause of Death, { First, (Primary.) Small Pox

Second, (Immediate,) Encephalitis & Exhibits

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters (Cem)

Date of Burial, April 10 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

10 a. June M. D.
Medical Attendant.

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{over}

Board of Health, City of Baltimore,

Permit No. 65831 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE APR 10 1893

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gobin Humphreys

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 352 Hillyer St.

Cause of death, First, (Primary,) Scarlet Fever & Diphtheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Alyson Cemetery

Date of Burial, April 11

Undertaker, B. Hunt

Place of Business, 82 West St

Wm Nicholson M.D.
Medical Attendant.

Address, Lexington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 61832 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 10 1903 HEALTH

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Makel

Sex ~~Male or~~ Female {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days.*

Color, Colored.

~~Married or Widow or Widower~~, *Single,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 75 Raborg St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Battle Place

Cause of Death, First, (Primary,) Rubeola

Second, (Immediate,) Spasm of glottis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe

Date of Burial, April

Undertaker, I. J. Brotten

Place of Business,

J. H. Hoffman M.D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 65433 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE BOARD OF HEALTH APR 10 1883

CERTIFICATE OF DEATH.

Date of Death, April 1 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schotts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 4 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 32 Hanover st

Cause of Death, { First, (Primary,) Second, (Immediate,) } Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Helena

Date of Burial, Apr. 11th 83

Undertaker, G. Frank

Place of Business, Rauls & Wolfe *Address,* Canton ave

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Special Attention of Physicians is Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

...is Per...

Board of Health, City of Baltimore,

Permit No. 45834 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 10 1883

Date of Death, April 10/1883 "2 A.M."

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha M. A. Harris

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months* 6 Weeks 5 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Weeks & 5 days

Place of Death, {Give street and Number.} 515 N. Howard St

Cause of Death, First, (Primary,) Starvation

Second, (Immediate,) Jaundice

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 11th 1883

Undertaker, Abr Hensley

Place of Business, 116 Archer St

William Lee M. D.
Medical Attendant.

Address, 339 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65835 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTO. CITY VITAL STATISTICS APR 11 1883

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Browning

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 75 S. Eden Street

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Thursday Afternoon

Undertaker, Thos S. Hughes

Place of Business, 60 E Baltimore St

Chas M. Morfit M. D.
Coroner E. D. Medical Attendant.

Address, 67 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

20

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Amelia C. Heagy.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 231 N. Lanvale St

Cause of Death, First (Primary,) Disease of Kidneys. Bright Disease.

Second (Immediate,) Uræmia.

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, April 11th 1883

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St.

Wm. H. Stokes M. D.
Medical Attendant.

Address 141 St Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6787 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thaddeus Miller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 mo/ *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse at Store

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Westminster Md

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 417 Eutaw St

Cause of death, First, (Primary,) Bronchitis Disease

Second, (Immediate,) Eustinic Convulsions

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, April 11th 1883

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Fremont *Address,*

E. Nicer Hoff

W. H. Crim *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65838 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian [redacted] Grothaus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 3 *Months,* 16 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Friedewalde, Reg. Bezirk Minden, Prussia,

Duration of Residence in the City of Baltimore, Thirty Eight Years,

Place of Death, {Give street and Number.} 261 S. Broadway,

Cause of Death, First, (Primary,) [blank]

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Apl 12th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

Charles L Dashiell, Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

DAK SAFETY FILM

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65839 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, 10 April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jeanetta Gordon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and Number.} 21 Little Monument St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Capillar Bronchitis

Duration of Last Sickness, 3 weeks

All the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 11 th 1883

Undertaker Charles T Scrivens

Place of Business, 271 N Eutaw St

Richd Henry Thomas M. D
Medical Attendant,

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK S

Board of Health, City of Baltimore,

Permit No. 65840 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mauser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, W.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 143 S. Bethel Street

Cause of Death, First, (Primary.) 2 Heart Disease

Second, (Immediate,) 3 Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Trinity Cem.

Date of Burial, April 11th

Undertaker, Kipp'l

Place of Business, 1512 Bond

Rob't M. Morfit M. D.
Coroner E. D.
(Patient-Attendant).
Address, 67 E. Baltm Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the du[ty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnis[h] within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth [as] far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t[he] cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 65841 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th at 4 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, H. Thurn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Thirty *Years,* [illegible] *Months,* Seven *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Confectioner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} No 147 Pennsylvania Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April the 12

Undertaker, Walter Inman

Place of Business, 15 W. Biddle St *Address,* 146 Penna Ave

P W Kohler M D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65742 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or make return if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY DEPARTMENT OF HEALTH APR 12 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Joseph Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Chestnut St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Epistaxis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, April 12 - 1883

Undertaker, Jno. W. Mills

Place of Business, 76 Chestnut St

E. B. Fenby M. D.
Medical Attendant.

Address, Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The special attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 68843. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 8 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lavisa Harper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 7 Months, ... Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 21 Bank St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 11 1883

Undertaker S W Chase

Place of Business, 193 Howard St

C. E. Boze M. D.
Medical Attendant.

Address, Eutaw & Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 68447 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adelle Austin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 16 Months, 2 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 1 Harmon Court

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial. April 11 1883

Undertaker, S M Chase

Place of Business, 198 Howard St

H. Hill M. D.
Medical Attendant.

Address, 173 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Bell

Son, Male or Female, {cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *D*

Color, Blk.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn Gov. Co.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} 18 Jasper St.

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate,) Bronchitis

Duration of last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, April 11 1883

Undertaker, D McCabe

Place of Business, 178 Edmond

James N. Lechler M. D.
Medical Attendant.

Address, 112 Bentzen St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 66846 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Joseph Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Own Mothers' Corner of Fifth & Lemmon Sts Summit & Madison

Cause of Death, First, (Primary,) Scarlatina.

Second, (Immediate,)

Duration of Last Sickness, about five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 11th

D W Cathell M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 211 Broadway

Extract from Regulations of the Board of Health to secure a full and perfect record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 65747 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Jos McCormick

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chas & Wilcox Co

Duration of Residence in the City of Baltimore, —

Place of Death. {Give street and Number.} Chas & Wilcox Co

Cause of Death, First (Primary), ...

Second (Immediate) Tetanus

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 11 th

Undertaker H. C. Wadefield

Place of Business, 90 Guilmont Ave *Address,* 256 E. Pratt

M. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6884 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 11 1883

Date of Death, April 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda R Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City 40 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 371 Light st

Cause of Death, First (Primary), Gastritis

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, April 12th

Undertaker J. N. Doall

Place of Business, 131 Hanover St *Address,* 313 Light

R. Ogle Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65949 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATIVE APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, Apl. 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 43 Parrish St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Braine

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apl 11 1883

Undertaker, William Burns

Place of Business, No 60 8th Street

W. C. Addy, M. D.
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Permit No. 65768

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} William Henry Heeks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— Years, 1 Month, —— Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 27 Harmony Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, Ap 11 1883

Undertaker, Wilbon & Dungy

Place of Business, No 62 East St

H. D. Liscall M.D.,
Medical Attendant.

Balto. Hosp. Dispensary

Address, 56 N. Green st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 1751 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Morris Stein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Dr. Josephs Hospital

Cause of Death, First, (Primary,) Bacterial Disease

Second, (Immediate,) Syncope - Exhaustion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Road Cemetery

Date of Burial, April 11

Undertaker, W. Eilau

Place of Business, 101 Gough St

Oscar Lokey M. D.,
Medical Attendant.

Address, 188 W Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65862 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Phillips

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 90 *Years,* ——— *Months,* ——— *Days*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } France 20 Years

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give Street and Number. } Hebrew Hospital

Cause of Death, First, (Primary,) Cerebral Apoplexy

Second, (Immediate,) Asthenia

Duration of Last Sickness, Few (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Irish Road Cemetery

Date of Burial, April 11

Undertaker, Wm Eilau

Place of Business, 101 Gough St

J. M. Blum M. D.
Medical Attendant.

Address, 1 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Hardiman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 Years, 8 Months, 26 Days

Color, White Sex, Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 286 S. Dallas St

Cause of Death, { First (Primary,) Small pox

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St James C

Date of Burial, April 11

{ Undertaker, W Leipe C

{ Place of Business, 151 S Bond

H. H. Johnson M. D.
Medical Attendant.

Address 34 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and the cause and date of death, except in cases of births and deaths of illegitimate children.

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 63864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eight Weaver

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 35 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 90 Dover St

Cause of Death, First, (Primary.) Fibroid tumors of womb 5 Years

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet | J. E. Clagett M. D.

Date of Burial, April 11th | Medical Attendant.

Undertaker, Henry Bergman

Place of Business, 42 Clay St | *Address,* 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Ward 6

Permit No. 65853 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, April 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Dunak

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 13, Bohemia Court

Cause of Death, First (Primary), Varola confluens

Second (Immediate), Laryngitis

Duration of Last Sickness, Unable to state

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons

Date of Burial, ap. 11 1883

Undertaker M. Coleman

Place of Business —

H. H. Lusk M.D.
Medical Attendant.

Address, Balt. & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 15856 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 11 1883 DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, April 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hoefleich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 72 Millington St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Apl 13th 1883

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

G. D. Taylor M. D.
Medical Attendant.

Address, 234 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6887 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mosby Scott

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Col Colored

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.} Widower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 26 Gilmor St

Cause of Death,
First, (Primary,) Old Age
Second, (Immediate,) Gen'l Decay

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 11th 83

Undertaker, Wm J Gray

Place of Business, 15 Mulberry Address, 26 a St Clair

H Conner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 6 6 4 5 8 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Hardy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *D.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cook. Washer & Ironer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 180 Lemmon St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, Confined a few moments

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 11th 1883

Undertaker W J Gray

Place of Business, 65 McElderry *Address,* Same

Alexander Tarlay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6859 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 11 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McNeill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* Five *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 240. St Paca St.

Cause of death, First, (Primary,) Burn

Second, (Immediate,) Shock.

Duration of Last Sickness, 38 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 12th 83

Undertaker, Chas T Scrivener

Place of Business, 271 N Eutaw St

A. A. Fox, M. D.,
Medical Attendant.

Address, 506. W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 65862 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Shoemaker.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 94 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 249 Sharp St.

Cause of Death, First (Primary), —

Second (Immediate), Apoplexy.

Duration of Last Sickness, about 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 13th 1883

Undertaker Armstrong & Denny

Place of Business, 262 Light

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 65861

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 11 1893

CERTIFICATE OF DEATH

Date of Death, April 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy C. Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} Union Protestant Infirmary Division Street

Cause of Death, First, (Primary.) Angina Pectoris

Second, (Immediate.)

Duration of Last Sickness, Has been in ill health for months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, April 10

Undertaker, Denny & Wolstenholme

Place of Business,

H. H. Thirsk M.D.,
Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6862 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 12 P.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Coffee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Days

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, E B Public Ground

Date of Burial. April 10/83

Undertaker, M Coleman

Place of Business,

Walter Lyman M. D.,
Medical Attendant.

Address, N J Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner within the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6056 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1883

CERTIFICATE OF DEATH.

Date of Death, Apr 10 - 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jos Brown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } City Hospital

Cause of Death. First (Primary), Waitingman

Second (Immediate), Exhaustion

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, April 11

Undertaker W. Coleman

Place of Business, ... *Address,* City Hospital

W. R. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible] invited to the remarks below, and to list of diseases on back of [illegible]

10 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E. Patterson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* [illegible] *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} S E Cor Mulberry & Paca sts

Cause of Death { First, (Primary.) Laryngitis with Exudation of Lymph
Second, (Immediate.) Dyspnoea

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr. 12, 1883

Undertaker, J. B. Cook.

Place of Business, 107 W. Balto. St.

Chas. L. Pennington M. D.
Medical Attendant.

Address, 184 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 65765 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Butler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} #1 Wagon Alley

Cause of Death, First, (Primary,) Valvular Dis. Heart

Second, (Immediate,) Dropsy & Heart

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial Forest Cemetery

Date of Burial Apr. 11 1893

Undertaker, Wm. Lee Dorsey

Place of Business, No 62 E. Fayette *Address,* B. G. D.

J. W. Clark *M. D.*, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65866 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otis Lennes Stockbridge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 141 N Fulton Ave

Cause of Death, First, (Primary,) Scarlet

Second, (Immediate,) fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 12th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Lexington *Address,* 329

W. H. Coleman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Notice below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 65867 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 11, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 87 Moore alley.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diarrhoea.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 12th 1883

Undertaker, Alex Hendley

Place of Business, 116 Orchard

O. Edw. Jagney, M. D.,
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 65868

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. Burgess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 75 or 80 *Years,* *Months,* *Days.*

Color, Colrd

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Mid Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 44 Shields Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Old age & Dropsical

Duration of Last Sickness, Long time

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, Apr 12th 1883

Undertaker, Alex Hensley

Place of Business, 116 Orchard

J. Singley, M.D.,
Medical Attendant.

Address, 152½ N. Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 85-869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Abril 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy M Swain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 503 N Fremont St

Cause of Death, First, (Primary.) Capilary Bronchitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Lawson

Date of Burial, April 13

Undertaker, J J Anderson

Place of Business,

Chas E Saltter M.D.,
Medical Attendant.

Address, 565 Dark Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 60820 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BROWN'S
APR 12 1893

CERTIFICATE OF DEATH.

Date of Death, April 11th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Berwald Friedla

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days*

Color, Colored,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Three (3) Years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary) Hysteria Acute Albuminuria Coma

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Short Period

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, April 12

Undertaker, H. Eilau

Place of Business,

H. W. Hahn M.D.

Medical Attendant.

Address, 1000 Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6587 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Holland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days* 1

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 265 Hanover avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of Heart

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 12th

Undertaker, Geo. Schilling

Place of Business,

J. H Patterson M. D.,
Medical Attendant.

Address, 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60872 — *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 12 1883

CERTIFICATE OF DEATH.

Date of Death, April 11, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widower or Widow, {Cross out the word not required in this line.} Married

Occupation, Saloon keeper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 69 Mulberry St

Cause of Death, First, (Primary,) Heart D

Second, (Immediate,) General Dropsy

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Greene Grave

Date of Burial, 12 April

Undertaker, Smith & Carnan

Place of Business, 227 Lombard St

W. H. Keech M.D.
Medical Attendant.

Address, 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

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Board of Health, City of Baltimore,

Permit No. 65873

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

12
1883

CERTIFICATE OF DEATH

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. ~~Thompson~~ Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* 11 *Months,* — *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one year & 11 months

Place of Death, {Give street and number.} 49 Biddle Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Scrofula

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, Laval Cemetery

Date of Burial, April 12, 1883

Undertaker, Henson & Mason

Place of Business, 63 Hamilton

L. Singling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65-874 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 12 1883

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } O. L. White

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 11 ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No. 119 Eutaw St.

Cause of Death, { First, (Primary,) ..... Pneumonia
Second, (Immediate,) ..... Three Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 12th 1883

Undertaker, H. H. Gahagan

Place of Business, 341 Eastern ave

J. H. Field, M. D.
Medical Attendant.

Address, 119 E. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

KODAK SAFETY FILM

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 63875 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 12 1880

CERTIFICATE OF DEATH.

Date of Death, April 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie Lalup

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~~———~~ Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 5 McDonnell's Court

Cause of Death, First (Primary),

Second (Immediate). Diphtheria

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 13 1880

Undertaker [redacted]

Place of Business, 9th & 63 n Front St *Address,* 11 E. Baltimore St

A. Sprotbrecker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 65876 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 12 P 1883

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 10 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 229 Hamburg St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions.

Duration of Last Sickness, 6 or 7 days.

All the above information should be furnished by the Physician.

Place of Burial Sharp Cemetery

Date of Burial, April 12 1883

Undertaker E. H. Ross

Place of Business, 95 Conway st

S. A. Green M. D.
Medical Attendant.

Address 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 65817 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT APR 12 1883

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel D. Jefferson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 289 E. Pratt St.

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial M E Cemetery Belair Road

Date of Burial, April 13th 1883 J. D. Guth M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules.

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 6m Months, 22 D

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 244 Raborg St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Three Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Apr 12 1883

Undertaker, William Munger

Place of Business, No 62 East St

W. B. Keller, M. D.
Medical Attendant.

Address 195 Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6577 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE APR 12 1883 BOARD OF HEALTH

CERTIFICATE OF DEATH.

Date of Death, April 9th: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Emma Jane Bailey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country and how long in the United States, if of foreign birth.} Smithfield Va.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 10 Oxford St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) "

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Smithfield Va

Date of Burial, April 13th 1883

Undertaker, Chas Krug

Place of Business, 16 Oxford St

Richd Henry Thomas M. D.
Medical Attendant.

Address, 317 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 65660 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 12 1893

CERTIFICATE OF DEATH.

Date of Death, April th 10 h

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} infant of Ester Pinkney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... ½ *Day*

Color, Black

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 257 Mc Donough St

Cause of Death, First (Primary), the Mother hurt, her Fetus ~~Mother~~ Detached Placenta

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April the 12

Undertaker Mr Dungen

Place of Business, East St

Geo. H. Dunn M. D.

Medical Attendant

Address, Cor Eutaw & ~~Lexington~~ Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66881 *Office of Registrar of Vital Statistics.* Ward ____

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~as directed~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~ if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Wright

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ / Female

Age, ~~Years,~~ 9 *Months,* ~~Days~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~

Occupation, ~~Single~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md — Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 18 Sterling St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Anemia Coma

Duration of Last Sickness, Was seen by me on 10th inst = Sick 4 days ~~8 days~~

All the above Information should be furnished by the Physician.

Place of Burial [redacted] ington

Date of Burial, April 12 Louis Miller M. D.

Undertaker, T Otis R Bundell Medical Attendant.

Place of Business, 266 N Bond St *Address,* 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 6882 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. April 11th 1893

Date of Death, Unknown - Body very much decomposed found, APR 12 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 40 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Sailor Supposed

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Millers Wharf foot of Eakin St

Cause of Death, First, (Primary,) Accidentally drowned (Supposed

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial E P

Date of Burial, April 11

Undertaker, W J Coleman

Place of Business,

Chas. M. Morfit M. D.
Coroner E D
Medical Attendant.

Address, 67 Elbalto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained;* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6883 : *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1893 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Not Known

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and Number.} Found floating in Lemon Dock

Cause of Death,
First (Primary),
Second (Immediate) Drowned.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E.

Date of Burial, April 10

Undertaker M Coleman

Place of Business,

Alexander Finley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 63884 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Chappel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, red

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 58 Lewis St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13 - 1883

Undertaker, Wm. H. Mantz

Place of Business, 76 E. Lee St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 65885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mahoney

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 5 3 *Years,* — *Months,* — *Days*

Color White

Married, ~~Single,~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Patient

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dominion Canada C. Nova Scotia

Duration of Residence in the City of Baltimore, Since birth (2 3) Years

Place of Death, {Give street and number} Church Home, Saratoga & Broadway

Cause of Death { First, (Primary.) Paralysis
Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Apl 12 /93

Undertaker, Daiger

Place of Business, 704 E. Balto

F. D. Goodman
Medical Attendant.

Address, Church Home, Saratoga & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65766 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna McKenzie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 1½ *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation: ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ——— Balt Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 14 Bruns St

Cause of Death, First, (Primary,) Prematune

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 13

Undertaker, L Haus

Place of Business,

H Friedman M. D.
Medical Attendant.

Address, 1110 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting f... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a... the cause and date of death, except in cases of births and deaths of illegitimate children. [ov...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Michael

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 8/4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 176 George St

Duration of Residence in the City of Baltimore, L[illegible]

Place of Death, {Give street and number}

Cause of Death { First, (Primary.) Asphyxia
Second, (Immediate.) L[illegible]

Duration of last Sickness, L[illegible]

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 12th 1883

Undertaker, H. Lewis Schaefer

Place of Business, 1092 Fremont

W. A. B. Sellman M.D.
Medical Attendant.

Address, 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Everson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number} 57 Davis Street

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th

Undertaker, Wm. W. Maden

Place of Business, 46. East. St

Geo. A. Strauss M. D.
Medical Attendant.

Address, 51 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6 5-789 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Weaver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* [illegible] *Months,* [illegible] *Days*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 47

Place of Death, {Give street and Number.} 9 E Pratt near Gay

Cause of Death,
First (Primary),
Second (Immediate), Convulsions 3

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shaft of Sunday

Date of Burial, April 12th 89

Undertaker Geo W Perkins Jr.

A. P. Ellis M. D.
Medical Attendant.

Place of Business, 130 Henrietta St. *Address,* 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 6570 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th April 1883

APR 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation House Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 2358 Eutaw St

Cause of Death, First (Primary), Inflammatory Intermittent Fever

Second (Immediate), Coma & Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11th 83

Undertaker Geo W Perkins

Place of Business, 130 Henrietta ave

C. E. Lee M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 62891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, { Correctly. If not named, give names of parents. } [illegible]

Sex, Male or Female; { cross out the word not required in this line. } [illegible]

Age, ____ Years, 5 Months ____ Days ____

Color, White

Married, Single, Widow or Widower; { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 4 [illegible] S. Gilmore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 4 [illegible] S. Gilmore

Cause of Death, { First, (Primary.) [illegible]

Second, (Immediate.) Whooping Cough

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 12th 1893

M. A. Jones
Medical Attendant.

Undertaker, Geo. B. Loch

Place of Business, No 707 W. Baltimore street

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

JAS. YOUNG & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 63892. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Independent Hauck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 718 W Pratt St

Cause of Death, ~~First (Primary)~~, Paralysis - Old age

Second (Immediate)

Duration of Last Sickness, 11 Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 13

Undertaker L Beck

Place of Business, 707 W Pratt Balto

Alexander Tinsley M. D
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Questions on Back.

Board of Health, City of Baltimore,

Permit No. 65893 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday Apl 12th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli Lehnert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* 2 *Months,* 28 *Days*

Color, White

Married, ~~Single, Widow, Widower~~ {Cross out the word not required in this line.} Married V

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Erlangen Bavaria Germany

Duration of Residence in the City of Baltimore, Twenty Eight Yrs in Md.

Place of Death, {Give street and Number.} 816 W Pratt St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption of Lungs

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Patterson Cemetery

Date of Burial, April 14

Undertaker, Joseph H Cook

Place of Business, 704 W Pratt St

J H Nelson M. D.

Medical Attendant.

Address, Baltimore Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 60894 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Eichner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty one *Years,* one *Months,* Sep *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 238 N. Calhoun St.

Cause of death, First, (Primary,) Rheumatism Inflammatory

Second, (Immediate,) Rheumatism of Heart

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, April 13

Undertaker, H. Bein

Place of Business,

John Jordan M. D., Medical Attendant.

Address, 322 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 63875 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carroll Otto Bernard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years 0 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore

Place of Death, { Give street and Number. } No. 22 S. Bond St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. Y. Phil. Rd

Date of Burial, Apl. 13. 1888

Undertaker M. A. Dwyer

Place of Business, 714 S. Broadway *Address,* [illegible]

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

Board of Health, City of Baltimore

Permit No. 66896

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Stanford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* —

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number.} 94 McCulloh St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Organic Dis. of Heart

Duration of Last Sickness, Two months –

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem.

Date of Burial, June 13th 1883

Undertaker, John J. Andrews

Place of Business, 164 x6 Druid Hill Ave

T. W. Owings M.D.,
Medical Attendant.

Address, 48 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 60897

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Wednesday April 11th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Francis Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Collector

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 134 E. Fremont St

Cause of Death, First, (Primary.) Albuminuria

Second, (Immediate.) Uraemic Drowning

Duration of Last Sickness, Ten Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 14 11/2 Oclock

Undertaker, H E Cassman

Place of Business, 38 Eason Street

Alan P. Smith M.D.

Medical Attendant.

Address, 48 Francis Ave Ch

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63891 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bells Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 69 W Fayette St

Cause of Death, First (Primary),

Second (Immediate), Uraemia

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 13. 1883

Undertaker Lewis & Mitchell

Place of Business, 530 W Fayette St *Address,* 319 Hollins

James Booley
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66799 *Office of Registrar of Vital Statistics* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as soon as possible, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mace

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 57 *Years,* — *Months,* —

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 212 Eastern Avenue

Cause of Death, First, (Primary,) Pthisis Pulmonalis

Second, (Immediate,) 3

Duration of Last Sickness, abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel

Date of Burial, April 13

Undertaker, W Duffy

Place of Business,

Medical Attendant, Dr Wm H Worthington

Address, 212 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

Permit No. 65900

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 13 1883

Date of Death, April 12th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age 87 *Years,* *Months,* *Days.*

Color, Colrd

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 63 Years

Place of Death, {Give street and number.} 37 Druid Hill ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis & General weakness

Duration of Last Sickness, Long time,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 15th 1883

Undertaker, J. F. Locke

Place of Business, 73 Jefferson

L. Singley M.D.,
Medical Attendant.

Address, 152½ N. Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65901 — *Office of Registrar of Vital Statistics.* — Ward 5—

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Lee

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ~~Two~~ (2) *Years,* 6 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 34 Short St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 13th 1883

Undertaker, J. E. Cook

Place of Business, 173 Jefferson

Florence V. Sauer M.D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65902 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12th April 1883. 9. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H. H. Brodhead.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Sixty-five~~ Fifty Seven *Years,* Three *Months,* Fifteen *Days,*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sullivan County New York State.

Duration of Residence in the City of Baltimore, Eighteen years. four months.

Place of Death, {Give street and Number.} No 3 Franklin St. Baltimore.

Cause of Death, First, (Primary,) Valvular Disease of the Heart.

Second, (Immediate,) Anasarca & Ascites. from the Heart. Disease

Duration of Last Sickness, More than one year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th April 1883

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga ~~Address~~ 17. Franklin St.

W. C. Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 6593 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Gumby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 31 Lexington St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 8 or 10 days

The above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 14 1883

Undertaker S W Chase

Place of Business 192 Howard St

D. T. Dell M. D.
Medical Attendant.

Address, 161 S. Bloomfield St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65-904 *Office of Registrar of Vital Statistics.* Ward 13

☞ The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 12th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Murray

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 15 Minutes *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 Patin St

Cause of Death, First, (Primary,) Cross-birth (under management of a Midwife)

Second, (Immediate,) Turning & delivery after Lapse of 10 hrs

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial April 13

Undertaker Marr & Lynn

Place of Business,

Thomas Obic M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65905 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 13 1893

Date of Death, April 12th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Geo. Black

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and Number.} 344 Myrtle Ave.

Cause of Death, First, (Primary,) Decline of

Second, (Immediate,) Physical Power

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, April 14 93

Undertaker, M. A. Barger

Place of Business, 74 S. Eutaw

John B. Hemmeter M.D.
Medical Attendant.

Address, 344 Calvert & Read Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further ordained and enacted,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66906 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Aul

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 316 n Gay st

Cause of death, First, (Primary,) Diphtheria & Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, April 14th 1883

Undertaker, Adam Fink

Place of Business, 1161 N. Gay st

T. A. Vanse M. D.
Medical Attendant.

Address, 26 n Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That [illegible] person [illegible] said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when such case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 65907 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and Number.} 233 Henrietta St.

Cause of Death,
First (Primary), Dropsy Supposed
Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, April 14

Undertaker S. Kendrick

Place of Business,

Robt. Buell M. D.
~~Medical Attendant~~ Coroner

Address, 161 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 65907 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 2 *Months,* ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 16 Fall av

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Texas Balto Co

Date of Burial, April 14th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

A. N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2904

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 65909 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Roberson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and Number.} 138 Henrietta St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13 1883

Undertaker L. Ball

Place of Business 75 Conway

Dr. A. Bell M. D.
Medical Attendant.

Address 16 S. Edwards St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 18

Permit No. 66910 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Schandler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 62 Aisquith St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Meningitis (Simple)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauray Cemetery

Date of Burial, April 13 1883

Undertaker, H Ross

Place of Business, 95 E Monroe

J. A. Gilliard M. D.
Medical Attendant.

Address, 180 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ill[illegible]

KODAK SAFETY FILM

Special Attention of Physicians is respectfully invited to the following Rules, and to List of Diseases on back of this C...

Board of Health, City of Baltimore,

Permit No. 65911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Alexander Potts

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 87 years *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Winchester Virginia

Duration of Residence in the City of Baltimore, About 14 years

Place of Death, {Give street and number} 50 Saratoga St.

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,) Asthenia

Duration of last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, April 14, 1883

Nathan R. Porter M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 23 Hamilton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6591 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ervin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 106 N. Arlington Ave.

Cause of Death, First, (Primary.)

Second, (Immediate,) Softening of Brain

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 15 83

Undertaker, Benny Mitchell

Place of Business, 550 Lafayette *Address,* 75 E Baltimore

J. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 15913 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Mauntz

~~Sex~~, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Seventeen *Years,* Three *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, {Give street and Number.} No 63 Stockholm St.

Cause of Death, First (Primary),

Second (Immediate), Small pox

Duration of Last Sickness, Thirteen days

the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, April 14th 1885

Undertaker J. F. Mackey

Place of Business,

H. J. Jones M. D.
Medical Attendant.

Address, 281 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore,

Permit No. 65914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. Humphreys.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Stone-Cutter,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 493 E Monument St,

Cause of Death, First, (Primary.) Aneurism of Aorta—as C

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 15 1883

Undertaker, John W Jackson

Place of Business, Gay & Gardiner Sts

F. H. Chandlee M.D.,
Medical Attendant.

Address, 1331 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65915 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian P. Sands.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* 7 *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Lawyer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and Number.} 89 Saratoga St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthenia. —

Two months. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 14th April 1883

Undertaker, Hall Jenkins & Son

Place of Business, Park & Saratoga Address,

Alan P. Smith M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66916 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 Race st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 12th 1883

Undertaker, William Wenger

Place of Business, No 62 East St

J. Harvey Hill M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65917 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac H. Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number.} #8. Carlton St

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 15 1883

Undertaker, Wilson Murray

Place of Business, No 62 East St

Geo H Cobb M. D.
Medical Attendant.

Address, 1 Waverly Terrace

APR 14 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Carrie Pallatsed

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years?

Place of Death, {Give street and number} 11 Watson St

Cause of Death, First, (Primary.) Ventricular Dilatation

Second, (Immediate.) Softening Cerebellum.

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, April 15th Christopher J. Johnston M. D.
Medical Attendant.

Undertaker, Coolahan & Evans

Place of Business, Patterson Valley Road *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 65919 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Brune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mercantile Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 281- N- Guy St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Cardiac Asthenia about 6 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 15 1883

Undertaker, Henry Hoeck

Place of Business, 306 N Central Ave

J. H. Guines M. D.,
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65920 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS APR 14 1883

CERTIFICATE OF DEATH.

Date of Death, April 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Elsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 16 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cannaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} No 45 N Central Avenue

Cause of death, First, (Primary,) + Complication of diseases

Second, (Immediate,) Paralysis of Bowels + Obstruction Elsewhere

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 14

Undertaker, Brance

Place of Business,

J Ridgway Anne M. D.
Medical Attendant.

Address, 121 E Fells st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

7 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Elisabeth Ruf

Sex, White or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days*

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 159 S Bilde st

Cause of Death {First, (Primary.) Premature Birth -

{Second, (Immediate.) Inanition, Meningitis Acute

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, April 15th 93

Undertaker, G. Kramer

Place of Business, Bands & Wolfe Address, Belair Avenue

Chas. J. Gould Maryland M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 6092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reider

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Augusta Ga

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number} 14 Eager St

Cause of Death {First, (Primary.)} Inflammatory Rheumatism

{Second, (Immediate.)} Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th

Undertaker, George Schilling

Place of Business, Ashland Ave

E George Walls M. D.
Medical Attendant.

Address, 47 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65923 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE [illegible] WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm J Daly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Cigar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Kirby's Lane

Cause of Death. First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 years

the above information should be furnished by the Physician.

Place of Burial, Druid [illegible]

Date of Burial, [illegible]

Undertaker [illegible]

Place of Business, [illegible] *Address,* [illegible]

James Bordley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65924 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Driscoll

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country, and how long in the United States.} Matthews Co ~~Balto~~ Md Va

Duration of Residence in the City of Baltimore, ~~Dieing life~~ abt 8 Mos

Place of Death, {Give street and Number.} 326 Bank St

Cause of Death, First, (Primary,) accidentally drowned by falling into a sink

Second, (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, April 14. 1883

Undertaker, H. A. Saupe

Place of Business, 74 S. Bway

Chas. M. Norfolk M. D.,
Coroner E.D. Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 657 250 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine F. Mullin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 & 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 2 & 0 ½ Montgomery St

Cause of Death, First (Primary), Difficult Labor

Second (Immediate), Pneumonia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, April 14 1883

Undertaker C. F. Kraus

Place of Business, 209 Hanover

Thomas Cottu M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65926 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 14 1883

CERTIFICATE OF DEATH.

Date of Death, April 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Stellman Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Barre St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, April 15th 1883

Undertaker, B. M. Chase

Place of Business, 198 S. Howard St

Jno D. Blake M. D., Medical Attendant.

Address, 16 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 6592

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Nickerson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Col

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Home work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and Number.} 93 Orchard St

Cause of Death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One time

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 15th 1883

Undertaker, B. W. Chase

Place of Business, 198 S. Howard

W. W. Anthim M. D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6592 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} infant son of Mr. H. Levi

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 hr *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 43 E Lombard

Cause of Death, First (Primary), Premature

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Logan

Date of Burial, April 15

Undertaker H. Levi

Place of Business,

Geo. N. Dixon M. D.
Medical Attendant.

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 63729

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 63729 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Caldwell Wilson

{Cross out the word not required in this line.}

Age, 28 Years, 11 Months, 12 Days.

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation Laborer

Birthplace, {State or country; and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 175 S. Regester St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Seven months

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 14 83

Undertaker J J Locke

Place of Business 1173 Jefferson Pl

John H Rehberger M. D.
Medical Attendant.

Address, 248 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ... except in cases of births and deaths of illegitimate children.

{over.}

No. 63736

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65730 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Ann Woods

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 67 S. Central Avenue

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, About six year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Apl 16/83

Undertaker Henry W. Grimes

Place of Business, 8 N Central Ave

Edw F. Nicholson M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66931 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13/93.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 14th 1893

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65932 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 14th 1883

Undertaker, Pat. Hunt

Place of Business, Irvine & Hunt

R. H. Goldsmith M. D.
Medical Attendant.

Address, Belmont & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65983 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} mc Jeffries

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~Child~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Sh Mary St

Cause of Death, First, (Primary,) Catarhal Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Shanpdt Cemetery

Date of Burial, April 13th 83

Undertaker, Chas Pennisi

Place of Business, 116 Orchard

A. B. Attinion M. D.
Medical Attendant.

Address, 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rose Smith

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, ____ Years, 2 Months, 14 Days.

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 229 ~~Preston~~ St

Cause of Death, First, (Primary.) Pseudo Membranous Croup

Second, (Immediate.) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, April 14th

Undertaker, Wm. W. Madden

Place of Business, 46 East St

F. P. Keller

Medical Attendant.

Address, 146 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 65784

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65784 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emil Gagg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hesse

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} 60 Fredk Avenue

Cause of Death. First (Primary) Tubercula Meningitis

Second (Immediate).

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 15 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto *Address,* Carroll P. O. Balto. Co

Jno. S. Holliday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65936 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1903

CERTIFICATE OF DEATH.

Date of Death, April 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Edward Mooney

~~Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Carver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kildare Co Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} No 237 Light street

Cause of Death, First (Primary), Tumor on the Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bay View

Date of Burial, April 15th 1903

Undertaker Armstrong Penny

Place of Business, 260 Light St

E Muckleman M. D.
Medical Attendant.

Address, 158 Shaw's Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Directions below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65987 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia C. Hupke

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State the country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 476 Mad ave

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,) Blood Poisoning

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, April 16th 1883

Undertaker, Stewart & Mowen

Place of Business 35 Park ave

Thomas Shearer M. D.
Medical Attendant

Address, 9 J. & Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65938 *Office of Registrar of Vital Statistics,* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Western Maryland Hotel. Penna Ave

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 15

Undertaker, James H Chase

Place of Business, 198 Howard

Alexander Smiley M. D.
Medical Attendant.

Address, Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 6789 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Seuling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York Co. Penn.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and Number.} 37 E. Eager St.

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Septicaemia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Thursday P.M. Apr.

Undertaker John W. Jackson

Place of Business, Gay & Gordon St

J. W. Robinson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65940 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, Pedler

Birthplace, {State or country, and now long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and Number.} Middle Police Station

Cause of Death, First, (Primary,)

Second, (Immediate,) Lung disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Baltimore Cemetery

Date of Burial, April 17

Undertaker, Wm Coleman

Place of Business, City Hall

H. G. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65941 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE REGISTRY APR 15 1883 BALTIMORE

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Adams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Col. C. (

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 69 Orchard st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 11 Days - Not seen by me until 9th

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 83

Undertaker, R & J Hennely

Place of Business,

Randolph Thomas M. D.,
Medical Attendant.

Address, 2016 Biddle St

Received

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

Board of Health, City of Baltimore,

Permit No. 6594 c

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ——— ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——— ——— ———

Place of Death, {Give street and number.} # 17 Hampstead St

Cause of Death, First, (Primary.) Hemitiroo

Second, (Immediate.) Convulsions

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, April 13th 1883

Undertaker, J. F. Lochy

Place of Business, 173 Jefferson St

T. E. Hooke M.D.,
Medical Attendant.

Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Harris

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* ____ *Months,* 9 — *Days*

Color, w

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 127 York ave

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, April 16/83 *M.D.* W. G. Sanders

Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 183 Lee st *Address,* 227 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 65944 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 15

Date of Death, April 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E Atkinson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

6 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State the country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One Week

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Ulceration for Ovariotomy

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 15th 1883

Undertaker, Joseph Bond

Place of Business, 707 West Baltimore

I. West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65945 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Markwatt

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 71 *Years,* None *Months,* *Day*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, More than 40 years

Place of Death, {Give street and Number.} 33 S. Calhoun St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) do

Duration of Last Sickness, For many years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Apl 16th 1883

Undertaker, Jos B. Loth

Place of Business, No 707 N Baltimore St

Wm Harris M. D.
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 65946 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1883

CERTIFICATE OF DEATH.

Date of Death, April 14, 1883,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willi Martindale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days,*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} 79 Parkin St.

Cause of Death, First (Primary), Scarlet Fever.

Second (Immediate), Convulsions.

Duration of Last Sickness, 4 or 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 15th 1883

Undertaker Jas B Cook

Place of Business, No 707 N Baltimore Street

A. G. Watts, M. D.

Medical Attendant.

Address, 283 W. Lombard,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Revised

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 65947 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1883

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Or. Tuttle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number} 33. S. Calhoun St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) do

Duration of Last Sickness, For the last 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Flanders Park Cemetery

Date of Burial, April 16th 1883

Undertaker, Jos. S. Cook

Place of Business, No 707 W. Baltimore Street

Dr. Casey Thomas M. D.
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 65948 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 13 1883

Date of Death, April 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fiesting

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 28 Months, 11 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 115 S. Caroline

Cause of Death First (Primary), Hemorrhage of kidneys & Cystitis

Second (Immediate), Exhaustion & Congestion of Lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial. Mount Carmel

Date of Burial, April 15

Undertaker Wendell Bro

Place of Business, 157 E Baltimore *Address,* 245 S. Eutaw

J. Flattery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65949 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1893

CERTIFICATE OF DEATH.

Date of Death, April 13 - 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kahn

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation House-work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 195 Lombard

Cause of Death, First (Primary), Congestion of Brain - 4 days

Second (Immediate), Cerebral Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, April 16

Undertaker Wentzell & Boyd

Place of Business, 151 S Bond *Address,* 1417 Baltimore

T. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and, condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6575 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 13 1883

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyle Harman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt: City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 75 Sullivan pl

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1883

Undertaker, Charles A. Whyte

Place of Business, 35 Granby pl *Address,* 125 East

R. O'Brien Derrick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65957 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 15 1883

Date of Death, April 12th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thomas Hunter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Age Years and 7 *Months,* ... Da.

Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 year 7 months

Place of Death, {Give street and Number.} Nr 11 Cross St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. April 15 1883

Undertaker, W. J. Geary

Place of Business, 65 E Madison St

William C. Steiner M. D.
Medical Attendant.

Address, 747 Eutaw [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6596-2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 83,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. L. Mantler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, Days

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 19 Patterson Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 19 Pat Ave

Cause of Death, First, (Primary,) Membranous Croup.

Second, (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, April 16th 1883

Undertaker, Chas Scriven

Place of Business, 271 W Eutaw St

Geo W Jones M. D.
Medical Attendant.

Address, S. W. Cor Paca & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6593 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah L. Bauhach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Less *Years,* than *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} California

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and Number.} 135 E. Balto. St

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 16 1883

Undertaker Jno P Byrne

Place of Business, 63 Front St *Address,* 47 Conway St

D E Lawcy M Bauhach M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60-95-7 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie Deeps

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} —

Years, 8 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} China Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 168 S. Canal St.

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul's

Date of Burial, April 15th

Undertaker .....

Place of Business, 35 Bowly's Ct.

A. Hrs. Thenty for M. D.
Medical Attendant.

Address, 11 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65755 — *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Michael Haug

Sex, Male or Female, {Cross out the word not required in this line.} Male

50 Years, 1 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and Number.} 193 S. Chapel St.

Cause of Death, {First, (Primary.) Old age

Second, (Immediate.)

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Malpfums

Date of Burial, April 15

Undertaker, B Harle

Place of Business, West St 82

John H. Smith M.D.
Medical Attendant.

Address, 281 S. Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore.

Permit No. 65936 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1911 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eunice S. Richardson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and Number.} 162 Hanover St

Cause of Death, First (Primary), 1

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 16th 1883

Undertaker Chas. A. Cook

Place of Business, 263 Light

Chas. E. Cook M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 65757 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1883

CERTIFICATE OF DEATH.

Date of Death, 16th april 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hagenbuch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* two *Months,* five *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor cor. John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Age & debility

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, ~~Laud Street~~ Cemetery

Date of Burial, 16th & 17th April 1883

Undertaker, W. M. Blotkamp

Place of Business, 260 E.

Jno. Boyle M. D.,
Medical Attendant.

Address, Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65958 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15 : 1 A M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 68 S. Gould Street

Cause of Death, First, (Primary,) Scrofulosis

Second, (Immediate,) Paralysis

Duration of Last Sickness, 5 Month - I visited it about 3 times

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16 th 1883

Undertaker, Fred Gaede

Place of Business, 248 Caroline St

James E. Donelle M. D., Medical Attendant.

Address, 299 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician's attention is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65957 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Randolph Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 31 W Eager St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood Poisoning

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 16th April 1883

Undertaker, H. H. Jenkins & Son

Place of Business, Park & Saratoga *Address,* 223 W. Lenhard St

Caleb Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1883

CERTIFICATE OF DEATH.

Date of Death, April 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Lucchetti

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 27 *Years,* — *Months* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 448 Eutaw Place

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, abt. 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 16th April 1883

Undertaker, Wm. Jenkins & Son

Place of Business, Park & Saratoga sts.

H Wondelton M.D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6 5 7 6 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary W. Birckhead

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* 6 *Months,* 7 *Days*

~~*Color,* White~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wife of Lemuel Birckhead, Esq.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 291 N. Charles Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Adynamia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 16th April 1883

Undertaker, Wm. Jenkins & Son

Place of Business, Park & Saratoga Sts

Samuel Johnston M.D.
Medical Attendant.

Address 80 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65962 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harold

Sex, Male or Female, {Cross out the word not required, in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 177 S. Bethel St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel Cem.

Date of Burial, April. 16. 1883

Undertaker Chandler & Son

Place of Business 202 Canton Ave. *Address,* 360 E. Baltimore St.

Wetherbee, M. D.
Medical Attendant.

HEALTH DEPT. BALTIMORE APR 15 1883

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 65763 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE APR 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Shoe-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 21. Bath St.

Cause of Death, First, (Primary,) Choked to death While

Second, (Immediate,) eating. had drinking

Duration of Last Sickness, 3 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17th 1883

Undertaker, Peter Frey

Place of Business, 91 East ao

H. Connolly M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...o Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65-967 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry King

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } No 248 Hanover St

Cause of Death, { First, (Primary,) Cerebral Hemorrhage / Second, (Immediate,) Drinking Whiskey

Duration of Last Sickness, 1 Day 21

All the above information should be furnished by the Physician.

Place of Burial, Cecil County Md

Date of Burial, Apr. 17 1893

Undertaker, G. Frank

Place of Business, Bank & Wolf *Address,* 1103 Pratt

J. H. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, with the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore.

Permit No. 6176 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or soon requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Decker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 10 *Months,* *Da*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 69 Mc Henry Alley

Cause of Death. First (Primary), Varicella

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days Found sick one day ago

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, April 16th 86

Undertaker G. Franz

Place of Business, Bank & Wolfe *Address,* 77 E. Pratt

J. L. Mistler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 9 65966

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Sept. 14th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Haney.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Blk.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number.} 10 Bunker

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 16 1893

Undertaker, H S Welch

Place of Business, 68 Howard St

J. G. Hutchins, M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 65-967 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE APR 15 1933

CERTIFICATE OF DEATH.

Date of Death, April 15th 33

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dave E Holmes.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days.*

Color, C.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Pamunkey, South Carolina

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Pamunkey Faith Restman

Cause of Death, First, (Primary,) Consumption of Lungs.

Second, (Immediate,)

Duration of Last Sickness, 6 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 16 1933

Undertaker, S McHase

Place of Business, 198 Howard St

G. W. Sims M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, promptly or soon work. to Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 63968 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 15 1883

Date of Death, April 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia (Culpeper Co)

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and Number.} 68 Eider ab

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Shiloh ab

Date of Burial, April 16th,

Undertaker Henson & Mason

Place of Business 48 Hamilton *Address,* Corner

Alexander Tinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63969 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Bunting

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give street and Number.} 9 Gay St

Cause of Death, First, (Primary,) Natural Cause (Not Contagious)

Second, (Immediate,) Some trouble of Liver

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 15th 1883

Undertaker, Wm H Burns

Place of Business, 62 East Pratt St

S. Lan H. Hamlin M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 65970 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Coltman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 ½ *Years,* *Months,* *Days*

Color, colc

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 12 Biddle alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 83

Undertaker, Alf Hamad

Place of Business,

G Lane Tenney M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6997 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cornelius Wheeler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 17 *Years,* *Months,* *Days.*

Color, Col.

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. } Single

Occupation Scholar

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Georgetown D.C.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give street and Number. } 161 Vine Street

Cause of Death, First (Primary), Pernicious Febris

Second (Immediate), Typho-Malarial Febris

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial April 16 83

Undertaker Alex Hemsley

Place of Business,

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6797 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 15 1903

CERTIFICATE OF DEATH.

Date of Death, April 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Polk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nelius

Place of Death, {Give street and Number.} 12 Pine St

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17 1903

Undertaker, Alex Hemsley

Place of Business,

M. McAuliffe *M. D.*, Medical Attendant.

Address, 172 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11 65-923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Chase

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* *Months,* Twenty-one *Days.*

Color, Colored

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 152 Eyton st.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion Sick two months

Duration of last Sickness, Four days before death, & one week previous

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 83

Griffith M. D.
Medical Attendant.

Undertaker Alex Hennelly

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 69974 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1893

CERTIFICATE OF DEATH.

Date of Death, 14th April 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franciska Gelevska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and Number.} S. Bethel Street court No 2.

Cause of Death, First, (Primary,) Pneumonia Typhoid

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 16th

William Henkel M. D.,
Medical Attendant.

Undertaker, W. Leippel

Place of Business, 151 S Bond St *Address,* S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION. 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65944 — *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 15 1883 MD

CERTIFICATE OF DEATH.

Date of Death, April 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Henrietta Reather

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath. Md. ✓

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 326 N. Caroline st.

Cause of Death, First, (Primary,) Catarrhal Fever (Acute bronchitis)

Second, (Immediate,) Effusion

Duration of Last Sickness, 12 or 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, April 17.

Undertaker, A. Gh Webb

Place of Business, 26 Gay St

Geo A. Hartman M. D.
Medical Attendant.

Address, # 303 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Thomas Sr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 1 *Months,* 3 *Days*

Color, White *Sex,* Male

Married, ~~Single, Widower or Widow~~ {Cross out the words not required in this line.}

Occupation, Gardening

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 6-8 Monroe St Balto

Cause of Death, First (Primary,) Chronic Exhibition

Second (Immediate,) Exhaustion

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, April 17 1883

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Wm T S Lankford M. D.
Medical Attendant

Address 21 N 34 or Eliza

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6597 J. Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline V. Sowers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 311 S. Eutaw st.

Cause of Death, First (Primary), Pleurisis

Second (Immediate), Septicaemia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1883

Undertaker Samuel H. Chase

Place of Business, 195 W. Howard st. *Address,* 26 N. Sharp st.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65778 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Appel

{Cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* 2 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29

Place of Death, {Give street and Number.} 89 Fort Av

Cause of Death, First, (Primary,) Bronchopneumonia

Second, (Immediate,) Bronchorrhea

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 17

Undertaker, B Keale

Place of Business, 82 West St *Address,*

S Lusteer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65979 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna b Wittes

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanna Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 178 Thurst

Cause of death, First, (Primary,) asthma

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17

Undertaker, B. Glass

Place of Business, 82 West St.

L B Paeette M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6980 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 16 1883 BALTIMORE

Date of Death, April 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Wesley Compton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~One~~ Eight *Years,* 2 *Months,* 13 *Days*

Color, White

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Weatherfield

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 856 Penna Avenue

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy.

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, April 16-1883

A. A. Pole M. D.

Medical Attendant.

Undertaker, Laurence Hayes

Place of Business, 317 Mulberry *Address,* No 1 North St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Culbertson Martin.

Sex, Male or Female, {cross out the word not required in this line.} Male

81 *Years,* 7 *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Township, Franklin Co. Pa.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number} 206 Saratoga St.

Cause of Death, First, (Primary.) ——— Second, (Immediate,) Erysipelas

Duration of last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, April 16th 1883

Louis W. Knight M. D.
Medical Attendant.

Undertaker, ———

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office [illegible] Saturday of each week.

The Special Attention of Physicians is [illegible]. Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65982 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is requested to call for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Wm Michael

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, One *Years,* Ten *Months,* — *Days.*

Color, White

Married, Single, ~~Widowed~~ or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No. 296 Mc Donough St

Cause of Death, { First, (Primary,) — Second, (Immediate,) Scarlet Fever

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Apr 19 1883 Wm H Glendenin, M. D.

Medical Attendant.

{ *Undertaker,* John Kenney — *Place of Business,* 382 Orleans *Address,* No. 1022 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

Permit No. 6598 3 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate A. Sauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Numbers} 118 E. Central Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Typhoid

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cemetery

Date of Burial, April 17th 1883

Undertaker Henry W. Mears

Place of Business, 45 N Gay St

F. A. Sauer M. D.
Medical Attendant.

Address, 105 W. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 63984 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1883

CERTIFICATE OF DEATH.

Date of Death, April 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Myers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Absent 60 years

Place of Death, {Give street and Number.} 63 Stockholm St.

Cause of Death, First (Primary), Intermittent Fever (Congestive)

Second (Immediate), " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 16th 1883

Undertaker John L. Hanlon

Place of Business, 156 Camden St

Dr. T. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence E. Merrill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Yrs. (6) Years, two (2) Months, twelve (12) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Norwich Conn.

Duration of Residence in the City of Baltimore, Four to five months.

Place of Death, {Give street and number.} #140 S Paca st, Balto. Md.

Cause of Death, {First (Primary.) Second (Immediate.)} Membranous Croup

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Norwich Conn

Date of Burial, April 17th 1883

{Undertaker, [illegible] & Thatcher
Place of Business, 110 160 Camden St}

Wm McNicholas M. D.
Medical Attendant.

Address Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65-986 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 16 1883

Date of Death, April 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Elizabeth Dolby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 4 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 4 J Burke

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Coma

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, April 16th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 7 So. Broadway.

J. L. Whitten M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 65987 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~ if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 16 1883

CERTIFICATE OF DEATH.

Date of Death, April 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Johnson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} ♂

Age, 34 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 43 Parrish St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16 1883

Undertaker William V. Dorsey

Place of Business No 62 East St.

J. W. C. Cuddy, M. D.
Medical Attendant.

Address, 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65984 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Goliah O. Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 2 N. Bethel

Cause of Death,
First (Primary), Scrofula - Tuberculosis of Lungs
Second (Immediate), Asthenia

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Hebron Cemetery Eureka

Date of Burial, April 16 1886

Undertaker William N. Lange

Place of Business, No 61 East Street

L. L. Mitchell M. D.
Medical Attendant.

Address, 7 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 65-989 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 16 1883

CERTIFICATE OF DEATH.

Date of Death, April 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Riley

Sex, Male or Female, {Cross out the word not required in this line.}

..... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 91 Low St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetary

Date of Burial, April 16 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front St

E. B. Fenby M. D.

Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65990 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. V. Baxter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* 7 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co. Md.

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and Number.} 313 Hillsdale Av.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Embolism

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bethany

Date of Burial, Wednesday April 19th

Undertaker, J. H. McCleary

Place of Business, 27 N. Fayette St

Geo. W. Benson M. D.,
Medical Attendant.

Address, 414 Hanover

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65991 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wm Patterson April 15th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Patterson.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* — *Months,* — *Days.*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, butcher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and Number. } No 190 Hollins Street

Cause of Death, { First, (Primary,) Pulmonary Phthisis / Second, (Immediate,) The same }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 17th 1893

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Henry Salzer M. D.
Medical Attendant.

Address, 169 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

14 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Kay Ulrich

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* .....

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick County, Maryland

Duration of Residence in the City of Baltimore, About two Weeks

Place of Death, {Give street and number.} No. 546 W. Lombard St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) .....

Duration of Last Sickness, About six days.

All the above information should be furnished by the Physician.

Place of Burial, Frederick City MD

Date of Burial, April 16th 1883

Undertaker, J B Cook

Place of Business, 767 W. Baltimore

J. Ridgely Hammond M.D.
Medical Attendant.

Address Cor. Calhoun & Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65993 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie B. Frick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 16 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 2 Spring Garden Ave

Cause of Death, First (Primary), Pneumonia,

Second (Immediate), Convulsions, 9 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetery

Date of Burial, April 16

Undertaker H Ross

Place of Business, 25 Lombard St

Dan'l Bell M.D.
Medical Attendant.

Address, 161 So Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66-994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary S. Stumpf

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty-eight (68) Years, Three (3) Months, Sixteen days (16) D.

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Thirty-three (33) years

Place of Death, {Give street and number.} 284 Boundary St. Balto. Md.

Cause of Death, First (Primary.) —

Second (Immediate.) General Debility

Duration of Last Sickness, Four or five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17th 1883

Undertaker, Ernst Lehlbach

Place of Business, 220. Sharp St.

Wm M Nicholson M. D.
Medical Attendant.

Address Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65995 *Office of Registrar of Vital Statistics.* **Ward** 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1883

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} Margaret Wheaton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} No 3 Wills St.

Cause of Death. First (Primary), Pneumonia

Second (Immediate) Typhoid Condition

Duration of Last Sickness, 13 days.

All the above Info must be should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th 1883

Undertaker Denny & Butchil

Place of Business, 65 S Broadway *Address,* No 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 65796

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65796 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Hranden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, April 17th 1883

Undertaker John J Andrews

Place of Business No 476 Druid Hill Av *Address,* City Hospital

W. P. Clark M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65727 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 17 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallis Jefferson.

~~Male~~ *Female* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 87 Moores alley N

Cause of death, First, (Primary,) ..... Convulsions,

Second, (Immediate,) ..... Diarrhoea.

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17 83

Undertaker, Chas Hannah

Place of Business, ...

D. Edw. Janney, M.D.
Medical Attendant.

Address, 1 East Pleasant Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 65998 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Keeley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 148 Saratoga st

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) Rheumatism

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17/83

Undertaker, S. N. Chase

Place of Business, —

Geo. A. Dixon M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Geo. A. Dixon
Physician

...day of each week. No 63799

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 65799 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 16/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Weinege

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give street and Number.} 44 Fleet St.

Cause of Death,
First (Primary), Dropsy complicated with heart dis.
Second (Immediate), died suddenly

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, April 17 1883

Undertaker John Hennessy

Place of Business, 2 Orleans *Address,* 117 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Inda Pumphrey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 18 months Days

Color, W Sex, F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 78 George st Baltimore

Duration of Residence in the City of Baltimore, 18 th

Place of Death, { Street and number. } 78 George st

Cause of Death, { First (Primary,) } ~~Diphtheria~~

{ Second (Immediate,) } Illeimptis from a

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park & C William Lee

Medical Attendant

Date of Burial, April 17

Undertaker, C. W. Hazard Address Entaw & Hoffman

Place of Business, 198 Main

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, shall forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) and the cause and date of death, except in cases of births and deaths of illegitimate children. In my opinion there is no danger in the remains removed to

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

Board of Health, City of Baltimore.

Permit No. 66001

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or will, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Carroll Winchester

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 Years, 2 Months, 9 Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and number.} N W cor St Paul & John sts

Cause of Death, First, (Primary.) Chronic pulmonary Phthisis

Second, (Immediate.) Exhaustion, Decubitus

Duration of Last Sickness, abt Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 17th 83

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga sts

Physician, Riggin Buckler M.D.

Medical Attendant.

Address, 135 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66002 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* ~~*~~ *Months,* Eleven Days *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Attending school

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 34 Edwin St.

Cause of Death First (Primary). Diphtheria

Second (Immediate). Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Loudon Grounds

Date of Burial. April 17th 1883

Undertaker J. J. Cook

Place of Business, 173 Lexington St

Francis A. Lauer M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66003 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday April 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Abel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland All its life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 240 June St.

Cause of death, First, (Primary,) Fever

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 17 83

Undertaker, Penny & Mitchell

Place of Business, 330 N Fayette

D. Simmons Monroe M. D.,
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66084 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1883

CERTIFICATE OF DEATH.

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Ackenflen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 406 E. Fayette St.

Cause of Death, First, (Primary,) Variola Confluens

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial St. Paul's Cem

Date of Burial. April 17. 1883 Chas. G. Shaw M. D.

{*Undertaker* H. Sander Son Medical Attendant.

{*Place of Business* 202 Caton Ave, *Address,* 685 Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, or [illegible] the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 66005

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66005 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1893 ILLINOIS

CERTIFICATE OF DEATH.

Date of Death, April the 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Morresson

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, Years, 7 weeks ~~Months~~, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 229 Canton av

Cause of Death { First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Baeard

Date of Burial, April the 17th

Undertaker H. Sander & Son

Place of Business, Canton av

Sh. R. Jenson M. D.
Medical ~~Attendant~~.

Address Board of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margaret McCaney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, Wh.

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number.} 319 N. Howard St.

Cause of Death, First (Primary,) (Asthma & Chr. Bronchitis) Pericarditis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3½ mos.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, April 18th 1883

Wm. J. Lockwood M. D.
Medical Attendant.

Undertaker, Edw'd T. Scriven

Place of Business, 241 N. Eutaw St

Address Park Ave. & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 66007

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 17 1883

CERTIFICATE OF DEATH.

Date of Death, 16 April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whitesides

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, Days.

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 36 Richmond Alley

Duration of Residence in the City of Baltimore, 7 mo

Place of Death, {Give street and number.} 36 Richmond Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Consumption

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 17th 1883

Undertaker, Chas E Scriven

Place of Business, 271 W Baltimore St

C B Garnett M.D.,
Medical Attendant.

Address, 5 G Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No 6608 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1883

CERTIFICATE OF DEATH.

Date of Death, April 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madison Mauricio

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 6 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 26 Days

Place of Death, {Give street and Number.} 201 N. Caroline St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Scarlet fever Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Dawson St. Cemetery

Date of Burial. 17 April 83

Undertaker, Hoffman

Place of Business, 39 Dawson

J J Guiteau M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 66009 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 17 1883 BALTIMORE

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller

~~*Male,*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 613 N. Eden

Cause of death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Dentition

Duration of Last Sickness, Do not know, Saw it when it was dying

All the above information should be furnished by the Physician.

Place of Burial, Bal[illegible] Cemetery

Date of Burial, April 18th

Undertaker, Geo. Schilling

Place of Business, —

J Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 66016 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City 20

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and Number.} 185 West St.

Cause of Death, First (Primary), Rubola

Second (Immediate), Congestion of lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Churchstown Md

Date of Burial, April 17 1883

Undertaker W Ross

Place of Business, 95 Conway St *Address,* 313 Light St

Pump & Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Yes

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Re...

Board of Health, City of Baltimore,

Permit No. 66041 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 17 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret McIntosh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and Number.} #306 Greenmount Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial Lawsons

Date of Burial, April 18

Undertaker, J. P. Bysone

Place of Business, ...

Wilmer Bruton M. D.,
Medical Attendant.

Address 20 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6612 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1883

CERTIFICATE OF DEATH.

Date of Death, April 16 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hallen.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, Lifetime Nearly

Place of Death, {Give street and Number.} #5 Forrest Place

Cause of Death, First, (Primary,) Contracted Kidney & Hypertrophied Heart

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18th 1883

Undertaker, Henry N. Mears

Place of Business, 46 N. Gay St. *Address,* ...

William Pinkard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the ~~full name, sex, age and condition~~ (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C

2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 66013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Smith

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset Co. Md. 45 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. 126 Dithmish

Cause of Death, {First (Primary,) ..... Second (Immediate,) Old Age & General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1883

Undertaker, Dennis & Mitchell

Place of Business, 653 Broadway

A. T. Laplace M.D.
Medical Attendant.

Address, 223 Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 66014 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 07 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} S. N. Cor Pratt & Paca 4

Cause of Death, First, (Primary,) Fall (accidental)

Second, (Immediate,) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 18th

Undertaker, Wm J. Hellen

Place of Business, 68 S. Eutaw

H. W. Webb M. D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to ... of ... on Reverse.

Board of Health, City of Baltimore,

Permit No. 66016 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susana Cutler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} County Tyrone Ireland +

Duration of Residence in the City of Baltimore, Seven years +

Place of Death, {Give street and Number.} # 274 N. Lombard St

Cause of Death, First, (Primary,) Heart disease (valvular)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, but (6) Months

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 18th

Undertaker, H. C. Weisfeld

Place of Business, 90 Greenmount Ave Address, 387 N. Lombard St

A. L. Spicer M. D.,
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Invited to Section 2 of the Extract on the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 6601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 17 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert S. Tate

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 11 Years, 8 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 11 . 8 . 1

Place of Death, {Give street and number} 65 - Canden St

Cause of Death { First, (Primary,) Dietary

, { Second, (Immediate,) 3 hrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 18th

{ *Undertaker,* W. J. Dobbins & Co. R. C. Lee M. D.
{ *Place of Business,* 3[illegible] Address, Hanover & Balto Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to [illegible]

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Olivia Hart

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 1 Years, 4 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yrs 4 mo

Place of Death, {Give street and number} 57 Park Ave

Cause of Death First, (Primary.) Bronchitis

Second, (Immediate.)

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, April 18th 1883

Undertaker, J. R. Cook

Place of Business, 707 W. Balto St.

J. H. Blackwood M. D.
Medical Attendant.

Address, 358 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Registrars is respectfully invited to the following Rules, and to keep of Sections 7 and 8 of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1883

CERTIFICATE OF DEATH.

Date of Death, April 16th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas McDuffee

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 3 *Years,* 1 *Months,* 26 *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, 3 years 1 month 26 days

Place of Death, { Give street and number. } 36 Preston St

Cause of Death, { First (Primary,) Tuberculosis Meningitis
Second (Immediate.) Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 18th 1883

{ *Undertaker,* Chas F Sawin
Place of Business, 271 N Eutaw St

J. Morris Murray M. D.
Medical Attendant.

Address 108 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6619 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 18 1883

CERTIFICATE OF DEATH.

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary McNally

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 17 E Chase

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 18th

Geo B Emerson M.D.
Medical Attendant.

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Av *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 8

Permit No. 66020 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 18 1883

CERTIFICATE OF DEATH.

Date of Death, April 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 3 *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Minister of Gospel

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk, Va.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 41 Greenmount ave.

Cause of Death, First, (Primary,) Tumor of brain

Second, (Immediate,) Paralysis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem. } Geo. A. Hartman M. D.

Date of Burial, April 18th 1883 } Medical Attendant.

Undertaker, Wm. H. Hickman } *Address,* 305 N. Caroline st

Place of Business, 234 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2, *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

12

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

1 *Years,* 1 *Months,* *Days*

Color, Black *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Fawbert

Cause of Death, {First (Primary,) Genral Debility

Second (Immediate,)

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18 83

J. L. Ryle M. D.
Medical Attendant.

{*Undertaker,* Alf Hemsley *Address* 247 Fawn St

{*Place of Business,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6022 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 18 1883

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Elizabeth Jeleska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixteen years.

Place of Death, {Give street and Number.} #28 Thames St

Cause of Death, First (Primary). Phthisis Pulmonalis (Acute)

Second (Immediate). .....

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 19 1883

Undertaker John Hennessy

Place of Business, 382 Orleans *Address,* 432 Aliceanna St.

John H Kellberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66023 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 18 1883

Date of Death, Apr. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad J. Emrich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Wheelwright

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 205 Eden St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19 1883

Undertaker Henry. Stock

Place of Business, 369. N. Central Ave

Geo. Fred Roche M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

Board of Health, City of Baltimore,

Permit No. 66024

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 18 1883

Date of Death, April 18" 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Clarke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 70 *Years,* *Months,* *Days.*

Color, Colord

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number.} 14 Eutaw Ct

Cause of Death, First, (Primary.)

Second, (Immediate.) Pericarditis

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Bone Brae

Date of Burial, April 18 83

Undertaker, Morgan & Pue

Place of Business, 9 Mount Royal Av *Address,* 1523 N. Eutaw St.

D. Gingling M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66025 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 18 1883

CERTIFICATE OF DEATH.

Date of Death, April 17th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr F Gregory

Sex, Male or [redacted], {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Eight *Days*

Color, Colored

Married, Single, [redacted], {Cross out the word not required in this line.} S

Occupation, ———

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Va 26 Year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 926 Vine St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Shark st Cemet

Date of Burial, April 18 1883

Undertaker, Dr Ross

Place of Business, 95 Conway st

A V Valsam M. D.
Medical Attendant.

Address, S E Cor Balt & Calv

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno R. Young

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 yr 8 mo

Place of Death, {Give street and number} 47 Pleasant al

Cause of Death { First, (Primary.) Second, (Immediate.) Dropsy

Duration of last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18. 883

Undertaker, H Ross

Place of Business, 95 Conway st

R. C. L. [illegible] M. D.
Medical Attendant.

Address, Hanover & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore.

Permit No. 6602 7 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fil* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 18 1883

CERTIFICATE OF DEATH

Date of Death, April 17 83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet A. Madd

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 2 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 17 Saint Peters

Cause of Death, { First (Primary), Pthisis

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 18. 83

Undertaker G. W. Perkins

Place of Business, 130 Hennetta Address, 210 Hanover St

C. W. Boozé M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66028 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Hack

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, W

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 241 Bolton St

Cause of Death, First, (Primary,) Congestion of lungs

Second, (Immediate,) Bronchoritis

Duration of Last Sickness, had returned from Florida under treatment here four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Apr 19/83

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Sq.

Place of Business,

S. N. Watson M. D.
Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6602 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1883

CERTIFICATE OF DEATH.

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 14 *Days*

Color Col

Married Single Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 43 Hunter st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apl 18 1883

Undertaker, W. W. Madden

Place of Business, 46 East St

E. A. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 66032 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 18 1883

CERTIFICATE OF DEATH.

Date of Death, April 17 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Langford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8. — *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State in country, and now long in the United States, if of foreign birth.} Dallas St. city Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 5 St James St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, April 20 - 1883

Undertaker, Mr - Mr Maddox

Place of Business, 70 East Pr

Daniel V Moyer M. D.,
Medical Attendant.

Address, 170 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6631 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 18 1883

CERTIFICATE OF DEATH.

Date of Death, April 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Smith

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 13 5 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and Number.} 63 Stockholm

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,) " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, April 11/1883

Undertaker, Fred A. Keschner

Place of Business, 505 S. Carrollton Ave *Address,*

Geo. F. Gunsan M. D.
Medical Attendant.

Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66082 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anderson

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female.

Age, 7 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Laryngitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, West Cub Cemetery

Date of Burial, April 11 1883

Undertaker, Fred A Eschner

Place of Business, 505 Carroll Ave

Ralph Stuart M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66033 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Sprigg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days*

Colored Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 227 S. Eutaw St.

Cause of Death, First (Primary), 2. Chronic Gastritis & Fatty Liver

Second (Immediate), 3. months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1883

Undertaker W. J. Gray

Place of Business, 65 Mulberry *Address,* 262 Sharp st

L. M. Hall M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the directions below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66834 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard ~~Adams~~ McLean

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 31 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 132 E. Lombard st

Cause of Death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 17th 1883

Undertaker, James D. Byrne

Place of Business, No 63 N Front st

P. G. Daniel M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66035 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Warner Jerome Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 Days

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 26 Jackson St.

Cause of Death, First (Primary), Inanition

Second (Immediate), Atrophia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, April 19th 1883

Undertaker J. L. McCloy

Place of Business, 22 W. Fayette St. *Address,* Balto. City

G. Glenville Keys M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ... of this certificate.

Board of Health, City of Baltimore,

Permit No. 66036 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Paap

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* 3 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lumeting Province Tomarania Lima

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} B to O R.Co's Pier 8 Locust Point

Cause of death, First, (Primary,) Inflamation of the Lungs

Second, (Immediate,) Inflamation of the Lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. Dr L Weber. Pfiffer M. D.,

Date of Burial, April 18 1883

Undertaker, H. Sanders & Son Medical Attendant.

Place of Business, 262 Conlon Ave *Address,* Steamship Strasburg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66037 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bozeticn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} 69 Caroline

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial. April 19th

Undertaker, Wm Ott Sons

Place of Business, 11 Exeter

E. Wm Howard M. D.
Medical Attendant.

Address, 69 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66838 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Work

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, Whi

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 88 Russell St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasm Poison

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12

Undertaker, B. Hurd

Place of Business, 82 West St

H. L. Slain M. D.,
Medical Attendant.

Address, 88 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Number, Date of Death and Date of Burial on this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 66039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr 17th 1130 PM.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Gonzales

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, [illegible] *Years,* 3 *Months,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 4 Pleasant Row

Cause of Death, {First, (Primary.) Second, (Immediate.)} Pneumonia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, Ap 19 1883

Undertaker, William Monge

Place of Business, No 62 East St

L R Gonzales M. D.
Medical Attendant.

Address, 118 Bathurst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18. April 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Caroline Newman

~~Male~~ or Female, {cross out the word not required in this line.}

Age 38. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Xenia, Ohio

Duration of Residence in the City of Baltimore, Nearly Lifetime

Place of Death, {Give street and number} 274 W. Fayette St

Cause of Death, {First, (Primary.) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loga St.

Date of Burial, April 20 Christopher Johnston M. D.
Medical Attendant.

Undertaker, W. Eulau

Place of Business, [illegible] St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the accompanying Notice, and to the Instructions on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66041 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles August Dorr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Month,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 130 E. Biddle St

Cause of Death, First, (Primary,) Frequent colds

Second, (Immediate,) Consumption

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetary

Date of Burial, April 19/83

Undertaker, C. F. Ran

Place of Business, 62½ W. Balto. St.

Hilliard Taylor M. D

Medical Attendant.

Address, 138 E. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60442 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 18/03

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Grzywinsky

Sex, Male or, Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Penn~~ Hopfenbach Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Pier 8 Locust Point

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) do

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, April 19 1903

Undertaker, H Sandhorst

Place of Business, 252 Canton Ave

I. I. Amuso M. D.,
Medical Attendant.

Address, Hermann Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 66043 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Wittkowsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Year,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Neumburg Pro. Prussia

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, {Give street and number.} Pier & Locust Point

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, April 19 1883

Undertaker, H Sander Jun

Place of Business, 202 Eastern Ave

I S America M. D.,
Medical Attendant.

Address, Hermann Simon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible], and to [illegible] of Disease on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66044 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 178 S Paca St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, April 23d 1883

Undertaker, John J. Meacher

Place of Business, 150 Camden *Address,* 16 S Paca St

Jno D Blake M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 66043 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raphaela Pollard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, School girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born here in South Africa

Duration of Residence in the City of Baltimore, 2 yrs 5 months

Place of Death, {Give street and Number.} St Catharines Normal School Lexington

Cause of Death, First, (Primary,) Spinal Disease of Many years

Second, (Immediate,) Results of

Duration of Last Sickness, 7 or 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Friday April 20th 83

Undertaker, H. Lenkins & Son

Place of Business, Park & Saratoga

W. H. Hamill M. D.
Medical Attendant.

Address, 71 N. Gaudlin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66046 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th; 5:40 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antos Rittler,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, ~~Gardener~~ Gardener

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia — 20 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Nr. 460 Cross street.

Cause of death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness, Bedridden for 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, April 20th 1883

Undertaker, Wm J. Tuckner

Place of Business, 65 S. Eutaw

Edw'd Ederdick M. D.,
Medical Attendant.

Address, S.E. Cor. Columbia Ave & Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66017 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April - 18 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Chambers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 5 - *Years,* 1 *Months,* 10 *Days.*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Nurse - servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and Number.} 8 E. Mount st.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asphyxia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery Cated.

Date of Burial, April 20

Undertaker Joseph B Cook

Place of Business, 707 West Baltimore

S B Bond *M. D.*
Medical Attendant.

Address, 151 Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th April at 2 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scott

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 58 Years, — Months, — Days.

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. County

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} No 6 Woodyear St.

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) 9 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 21st 1893

Undertaker, Samuel G. Davis

Place of Business, 98 Hanover St

C. C. Richardson M. D.
Medical Attendant.

Address, Loudon & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66849 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Hubbard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 60 *Years,* ——— *Months,* ——— *Days*

Color, ad

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jefferson Co West Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 4 Garden St

Cause of Death, First. (Primary,) Pleuro-pneumonia

Second. (Immediate,) "

Duration of Last Sickness, 25 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 20th 1883

Undertaker, Thomas J. Chase

Place of Business, 25 E. Fayette St

J. B. Bell Browne M.D.

Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to the Back of the Certificate.

14

Board of Health, City of Baltimore,

Permit No. 66088

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Foster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty Six *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 South Fulton st.

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.)

Duration of Last Sickness, Seven Years

All the above information should be furnished by the Physician.

Place of Burial, Burnt Louden Park Co

Date of Burial, April 21

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

I. H. D. Small M.D.,
Medical Attendant.
Balto. & Penn. Dispensary

Address, 251 Maryland Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66067 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Bullock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 123 S. Eaglar St

Cause of Death, {First, (Primary.) / Second, (Immediate.)} Congestion of Lungs

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md

Date of Burial, Apr 22/83

Undertaker, D Ewen & Mulcher

Place of Business, 550 W Fayette

W. R. McKeen M. D.,
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 6665-2 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5

CERTIFICATE OF DEATH.

Date of Death, Apr 18 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 423 N Eutaw Ave, St-

Cause of Death, First, (Primary,) Malarious Fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Va

Date of Burial, Apr 21st 1883

Undertaker, Henry & Mitchell

Place of Business, 560 W Fayette Address,

H J Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60063 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H Humphreys

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

Occupation, ~~—~~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, as abv

Place of Death, {Give street and Number.} 14 Ninth St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Adynamia

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial April 20 1883

Undertaker, Wm H Hoffman

Place of Business, 1234 Fayette

B. F. Grove M. D.
Medical Attendant.

Address 128 Cherry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66084 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fahrer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 63 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 208 Columbia Av.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 14 Years

All the above information should be furnished by the Physician.

Place of Burial, Schwarz's Cemetery

Date of Burial, April 20 1883

Undertaker Chas. F. Schlemann

Place of Business, 200. Sharp St.

A. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66055 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Morris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days,*

Color, White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) Syphilis

Second, (Immediate.) Convulsions.

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 19/83.

Undertaker, Pat. Hunt

Place of Business, Division & Fayette

R. McGoldsmith M. D.,
Medical Attendant.

Address, Baltimore, Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66056 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 2 & 1 *Days.*

Color, White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Bronchitis.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 19/83.

Undertaker, Pat. Hunt

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66057 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Eliza Shipley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Years,~~ 10 Months, 24 Days,

Color, White

~~*Married, Single, Widow, Widower,*~~ {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3 N. Calhoun St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Two (2) Weeks

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Friends Burying ground

Date of Burial, Apl 20th 1883

Undertaker, Geo B Cook

Place of Business, No 707 W Baltimore Street

A. L. Shipley M.D.
Medical Attendant.

Address, 387 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 66038 — *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Compton

~~Male~~ or Female {Cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 183 Chestnut

Cause of Death, First (Primary) .....

Second (Immediate) Hemiplegia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 20th 1883 — Lewis B Reynolds M. D. Medical Attendant.

Undertaker James McGinnis Co

Place of Business, 1 & 3 Plowman st — *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19

Permit No. 66054

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 20
1883
BALTIMORE

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Conover Short

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Color, White *23 Years, Months, Days.*

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 12 Mon.

Place of Death, {Give street and number.} 84 N. Stricker.

Cause of Death, First, (Primary.) Tubercular Consumption

Second, (Immediate.) Anemia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westmoreland Co Va

Date of Burial, April 20th 1883

Undertaker D Emmy & Mitchell

Place of Business, 550 W Fayette St

J. E. Wilkerson M.D.,
Medical Attendant.

Address, Fayette & Pine Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 66060 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August C. Hauger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* [illegible] *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} 252 N. Gay St.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Apoplexia

Duration of Last Sickness, 4 Days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th

Undertaker Geo. Schilling

Place of Business, Ashland Square

C. H. Coffman M. D.
Medical Attendant.

Address, 57 N. Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6061 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 20 1883

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Short Alley

Cause of Death, First, (Primary,) Asthma Indigestion

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woburn Cemetery

Date of Burial, April 20 1883

Undertaker, J. J. Locke

Place of Business, 173 Jefferson

E. A. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66062 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 20 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Naomi Mott

Sex, ~~Male~~ Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 8 *Months,* *Days*

Color, White

~~Single, Married, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓ Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 138 North Avenue (Boundary)

Cause of Death, First, (Primary,) Tuberculer Meningitis

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 21st 93

Undertaker, Stewart & Brown

Place of Business, #35 Park ave

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore.

Permit No 66063 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Augusta Michel

Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} # 261 Alice Anna St.

Cause of Death. First (Primary). Inflammation of Bowels

Second (Immediate). followed by Congestion of Brain.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, April 20th

Undertaker M Leitzel

Place of Business, ...

John H. Mehlberger M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 66664 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 20 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883 at 6 am.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Seaman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, E R C

Date of Burial, April 20

Undertaker W Coleman

Place of Business,

Walter Byrne M. D., Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66665 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dau of Niagara & Fannie Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Years, *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Patterson Lane

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W M

Date of Burial, April 20

Undertaker, F. Kerchner

Place of Business,

O. Edw. Janney, M. D.,
Medical Attendant.

Address, 215 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66066 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } albert Noha

{ Children, Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. city

Duration of Residence in the City of Baltimore, 2

Place of Death, { Give street and Number. } Hudson St. Canton,

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem

Date of Burial, Apr. 21st 83

Undertaker G. Frame

Place of Business, Bantz & Wolfe *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66067

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 19. 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Saunders

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 63 Jenkins Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 21 183

Undertaker, Pressey & Pyle

Place of Business, 9 Franklin St

D. E. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66068 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Morris Gorsuch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 831 N. Broadway cor. Hunt

Cause of Death, First (Primary), Scarlatina Anginosa

Second (Immediate), Uraemia

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 22

Undertaker Fry & Zio

Place of Business, 81 N. Broadway *Address,* Balt. & Hanover sts.

G. Stanville Rusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Bradford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford county Md.

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 49 St. Mary St.

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanks Cemetery

Date of Burial, April 21 83

Undertaker, Abt Kennedy

Place of Business, *Address* 41 Orchard St.

W. A. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66070 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Lynch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 141 Fremont Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 21 1883

Undertaker, James P Byrne

Place of Business, No 63 N Eutaw St

J. A. Gallis M. D.,
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6607 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leopoldus Obercamp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 3 *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and Number.} 216 S. Eutaw St.

Place (Hospital, Infirmary),

Cause of Death, First

Second (Immediate) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 27

Undertaker Ernest Schlemm

Place of Business, 200 S. Sharp St. *Address,* 161 S. Sharp St

E. A. Beer M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

Permit No. 66072 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph G. McKeldin

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Brushmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} No 23 N. Green St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 22

Undertaker C. H. Blizzard

Place of Business,

G. H. Stacy M. D.
Medical Attendant.

Address, No 58 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66073 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Ledgerwick

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Day man.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 85 Burgundy alley

Cause of Death,
First (Primary), Small Pox
Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 21

Undertaker H Ross

Place of Business, 15 Conway St *Address,* 15 & Sharp

Ellis Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66074 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. Pate

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, four *Years,* one *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 78 80 S. Wolf st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Last week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 20

Undertaker, G France

Place of Business, —

L O Wintermute M. D., Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66075 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Collier

Sex, Male or Female, {Cross out the word not required in this line.} Female

62 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 416 So Paca St

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Cerebral Haemorrhage

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 22nd

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw St

Jno D Blake M. D.,
Medical Attendant.

Address, 416 So Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66076 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie Cornish

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and Number.} 188 Warner Street

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, April 21

Undertaker J. W. Perkins

Place of Business 130 Hennetta St *Address,* 616 W. Balto. St.

B. S. Pidcock M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6607 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H Robinson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, [redacted] *Years,* [redacted] *Months,* 5 *Days.*

Color, White

[redacted], *Single,* [redacted], { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 236 Raborg St

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 236 Raborg St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, April 21 83

Undertaker, A. F. Hannaly

Place of Business,

H Nelson M. D.,
Medical Attendant.

Address 236 Raborg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6678 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State on country, and now long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 91 Low St.

Cause of Death, First, (Primary,) Exanition

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Byrnie Creek Cemetery

Date of Burial, April 21 1883

Undertaker, James P Byrne

Place of Business, No 63 N Howard St

E. B. Tenby M. D.
Medical Attendant.

Address, Cor. Eden & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6079 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 24 1883 BALTIMORE

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Richards

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — Years, 20 Minutes Months, — Days.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — — — —

Occupation, — — — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 256 N. Central Ave

Cause of Death, First, (Primary,) Premature birth — Inanition

Second, (Immediate,)

Duration of Last Sickness, Since birth

At the above Information should be furnished by the Physician.

Place of Burial, St Johns } Cemetery

Date of Burial, April 21st 1883.

Undertaker, Adam Fink } Jno Sloan M. D.,

Place of Business, 461 N. Gay St } Address, Cor Eager & Caroline Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66080 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Plassel

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 74 Woodyear St.

Cause of Death, First, (Primary,) Pneumonia (1st stage)

Second, (Immediate,) Pulmonary Congestion.

Duration of Last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Cem'y

Date of Burial. April 22nd 1883

Undertaker, John Eastwood

Place of Business, 320 Bennett Pl.

T. Ricker M. D.
Medical Attendant.

Address, 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 66087 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wolf

Sex, Male or Female, {Cross out the word not required in this line.} +

Age, — *Years,* 10 *Months,* 20 *Days.*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 652 W Pratt St

Cause of Death, First (Primary), Convulsions of Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, April 22 Th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 140 Hanover St

Dr. Eaton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66082 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 21 1883

CERTIFICATE OF DEATH.

Date of Death, April 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes A. Lowry

Sex, Male or Female, {Cross out the word not required in this line.} Female

70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} # 102 E. Fayette St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Haemoptysis

Duration of Last Sickness, 20 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 22 / 83

Undertaker, Wm H. Hoelkmeier

Place of Business, No 234 Pratt

Geo H Hartman M. D.
Medical Attendant.

Address, # 303 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6613 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Catherine Stumpstress

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany 31 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 304 S. Bond Street

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Myers

Date of Burial, April 27

Undertaker, L Kurz

Place of Business,

Medical Attendant, M. D.

Address, Com. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 66084 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse W. Hunt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and Number.} 48 E. Hanover

Cause of Death, First, (Primary,) Pistol shot wound in the head

Second, (Immediate,) fired by his own hand

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Bannerville Ohio

Date of Burial, April 23rd 83

J. H. Connelly M. D.
Medical Attendant.

Undertaker, J. L. McCoy

Place of Business, 32 N. Fayette *Address,* Owner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 66485 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Lindsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} 29 Market Space

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 21 1883

H. Conrad M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business No 63 So Front St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 66086 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT APR 21 1883 CLERK

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Iriacs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ~~8~~ *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1 Camden St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate) Sense

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Apr 22nd 83

Undertaker E. F. Krauss

Place of Business, ...

Wm Gonbel M. D.
Medical Attendant.

Address, C 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

EASTMAN SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66087 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} "

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* About 2 or 3 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} Jump on Rat- S. E. Cor Hanover & Stockholm

Cause of Death, First, (Primary,) —

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5

All the above information should be furnished by the Physician.

Place of Burial, West Sub Cemty

Date of Burial, April 15/1883

Undertaker, Fred A Koschmann

Place of Business, 505 S Carrollton

I. A. Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 141 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6608 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

APR 1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,*

Color, Blk

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Lifetime

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and Number.} 121 S Bethel St

Cause of Death,
First (Primary), old age
Second (Immediate),

Duration of Last Sickness, 3 mos 1

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Apr 22 1883

Undertaker Wilbur H Dorsey

Place of Business, No 62 East St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

4

Permit No. 66089

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 19th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Bond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hodcarrier

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, {Give street and number.} 444 Chestnut St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apl 22 1893

Undertaker, William N Berry

Place of Business No 62 East Pratt

James J. Bell M.D.,
Medical Attendant.

Address, 132 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6609 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 21 1883

Date of Death, April 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Mary Payne

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, —— *Years,* —— *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 6 Parrish alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 Parrish alley

Cause of death, First, (Primary,) 1

Second, (Immediate,) Inanition ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 22 1883

Undertaker, William Mongo

Place of Business, No 62 Eastern

M K Warner M. D.,
Medical Attendant.

Address, Same as above

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66091 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miranda Snead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and Number.} 706 Aisquith St.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Peritonitis

Duration of Last Sickness, about three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial Lemel Cemetery

Date of Burial Apl 22 1883

Undertaker Wm N Dunger

Place of Business No 62 East

J. C. Spence M. D.
Medical Attendant.

Address, 41 N. Lounsbury

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66092 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Amelia Carroll

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* 24 *Days*

Color, ed

Single, Married, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} High St Court

Cause of Death,
First, (Primary,) Scrofula Congenital
Second, (Immediate,) Tabes Mesenterica

Duration of Last Sickness, One Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery
Date of Burial, Apr 21 1883
Undertaker, William Wenger
Place of Business, No 6 East st

E. A. Baldwin M. D.,
Medical Attendant.
Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66093. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Otto Goldermann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} No 260 Canton Ave

Cause of Death, First, (Primary,) Disease of the Liver (Fatty Degn)

Second, (Immediate,) Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, April 22 92

Undertaker H. Saunders Jun

Place of Business, 252 Canton Ave

Thomas B. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 April 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant son of Edward & Annie Walden

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, X *Years,* X *Months,* 1 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Res. Cor. Gough & Castle sts. 224

Cause of Death, First (Primary,) Premature Birth - Before 7th month

Second (Immediate,) Cardiac Failure

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, April

Undertaker, J. Sanders

Place of Business,

B. F. Lemmon M.D.
Medical Attendant.

Address, 314 E. Balt. st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66095 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1893 BALTIMORE

Date of Death, April 21st 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C Greeny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,*

Color, White

~~Married~~ Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and Number.} No 1 Allemande St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Hemmorrhage of Lungs

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, St Marks Cemetery

Date of Burial, 22nd of April 1893

Undertaker, Henry Steinman

Place of Business, 62 N Eden St

Wm H Hoffmeister M. D.,
Medical Attendant.

Address, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6696 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Copelan

APR 1883

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State of country, and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} 116 St Paul St.

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 22nd April 1883

Undertaker, Hall Jenkins & Lord

Place of Business Pratt & Charles Sts. *Address,* 97 N. Charles St

Thomas Sheaver M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6609 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Crumpton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 50 *Years,* — *Months,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life. Except a few years in Ward.

Place of Death, {Give street and Number.} 44 Moores Alley

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, One weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 22 1883

Undertaker, S M Chase

Place of Business, 198 Harrison

Elias C Price M. D.
Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66098 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday April 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Farah Maulsby

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 5 *Months,* 23 *Days*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 179 Raborg st.

Causes of death, First, (Primary,) Cancer of Breast

Second, (Immediate,) Pneumonia Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Harlem

Date of Burial, April 22 1883

Undertaker, G Mehase

Place of Business, 198 Howard

Wm H Toms M. D., Medical Attendant.

Address, 561 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66199 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A. Hartman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 Hanover St

Cause of Death, First, (Primary,) /

Second, (Immediate,) Congestion of Brain

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apr. 25th 83

Undertaker, Adam Fink

Place of Business, 461 W. Gay St

S. N. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66100 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Kaufman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} [redacted] E Gay St 141

Cause of Death, First (Primary),

Second (Immediate) Disease Brain

Duration of Last Sickness, 4 hours

the above information should be furnished by the Physician.

Place of Burial, Hanover St Cemetery

Date of Burial, April 23

Undertaker U. Wilson

Place of Business, 101 Gough St

O'D Kahn M. D.
Medical Attendant.

Address, 136 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the [illegible] or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full [illegible]ion (whether married or single) of the person deceased, and the cause and date of death, except in cases [illegible]ildren. [over]

Board of Health, City of Baltimore,

Permit No. 66101 *Office of Registrar of Vital Statistics.* Ward 11.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bonner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} W. st Morris alley

Cause of Death, First, (Primary,) Phthisis pulm. contd.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year (about)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 22nd 1883

Undertaker, W. H. Bishop

Place of Business, 97 Smithson

Edw. O. Cullen M. D.,
Medical Attendant.

Address, 244 Madison Ave

APR 22 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

14 **Board of Health, City of Baltimore,**

Permit No. 66102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 31st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ambrose B. Conn

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Sixty Three *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Epileptic

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, { Give street and number } 625 N. Lombard

Cause of Death, { First, (Primary.) Epilepsy
Second, (Immediate.)

Duration of last Sickness, Twenty years ~~or~~

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Co. Md

Date of Burial, Apr 23' 1883

Undertaker, J. B. Cook

Place of Business, 707 N. Balto *Address,* 584 W. Fayette St

L. L. Sunderland M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 66103 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 21 1883

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Barry Bozant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 10 Days,

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 539 Franklin St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Effusion of water on the brain

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apl 22d 1883

Undertaker, John E Donoghue

Place of Business, 320 Penna Ave

Elias E Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 66164 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William B Dukehart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation horse Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 26 Whole life

Place of Death, {Give street and Number.} 5 N. Spring st

Cause of Death, First (Primary), Inflammation of bowels

Second (Immediate), Menalgia of heart

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apl 23rd 1883

Undertaker Wendel Dippel

Place of Business, 151 S Second

M. B. Billingslea M. D.
Medical Attendant.

Address, 256 E Pratt

APR 22 1883 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66103 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo White

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va Maryland

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number} 49 Boyd St

Cause of Death {First, (Primary,) Cancer of Stomach

{Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 22 1883

Undertaker, W M Chase

Place of Business, 198 Howard St

Robt K Lucas M. D.
Medical Attendant.

Address, 564 Hayett St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1883

CERTIFICATE OF DEATH.

Date of Death, 22 April 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Wesley Youngquest

{ Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } Argyle Avenue & Townsend St.

Cause of Death, First, (Primary.) Malignant Diptheria

Second, (Immediate.) Blood poison

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 22 / Martin Brown M. D.

Medical Attendant.

Undertaker, Martin Fahey

Place of Business, 128 Townsend *Address,* 68 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6610 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 32 Wagon

Cause of Death,
First (Primary),
Second (Immediate) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 26

Undertaker J Kerchner

Place of Business,

Geo. H. Denson M. D
Medical Attendant.

Address, 2021 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66108 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Crosby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 2 Months, Days,

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 St James

Cause of Death,
First (Primary),
Second (Immediate), Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamed

Date of Burial, April 22

Undertaker, F Lucas

Place of Business,

Wm. H. Grimm M. D.
~~Medical Attendant.~~

Address Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Guy Wesley Loome

Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 3 Mos 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 124 Edmondson Ave

Duration of Residence in the City of Baltimore, Five Months

Place of Death, { Give street and number } 124 Edmondson Ave

Cause of Death, { First, (Primary.) Pneumonia
Second, (Immediate.) Acute Meningitis

Duration of last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, Readum Pa

Date of Burial, Apr 23rd 1883

E. H. Price M. D.
Medical Attendant.

Undertaker, Henry Thos McKenzie

Place of Business, 55 & 57 Fayette St. *Address,* 122 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66110 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 23 1883

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rymon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 107 E Eager St.

Cause of Death, First (Primary), Heart disease

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Mount Cross

Date of Burial, April 23rd 1883

Undertaker Cockeran & Evans

Place of Business, S. St. & Valley Sts *Address,*

Chr. Amke Bimler M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66111 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Konefsky

Sex, {Cross out the word not required in this line.} Male

Age, two *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Short time

Place of Death, {Give street and number.} Brick Row on Chesapeake St

Cause of death, First, (Primary,) Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr 23rd 83

Undertaker, H. Thanner

Place of Business, Bonk & Wolf *Address,* 192 Pennsylvania Ave

Walter Hay M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66112 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1883

CERTIFICATE OF DEATH.

Date of Death, April 22nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Katt

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cotton

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} N. Chester near Jay

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery Gardenville

Date of Burial, April 24th

Undertaker George Schilling

Place of Business, Ashland Square

M.D.

Medical Attendant.

Address, 1614 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Gray

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, Black

Married, {Cross out the word not required in this line.}

Occupation, Engineman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Several Years

Place of Death, {Give street and number} 114 Smith Street City

Cause of Death, {First, (Primary.) Tuberculer Bronchitis / Second, (Immediate.) Tuberculer Bronchitis

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Clark's Balto Co

Date of Burial, April 24 83

Undertaker, Robt Hemsley

Place of Business,

D. J. Pinkett M. D.
Medical Attendant.

Address, 166 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66114 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Warrenner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty *Years,* 0 *Months,* ..... *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, Thirty Three years

Place of Death, {Give street and Number.} No 203 Preston St

Cause of Death, First (Primary), Unknown

Second (Immediate), Atrophy of Heart

Duration of Last Sickness, Two Months

the above information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, April 24 93

Undertaker A. J. Hemsley

Place of Business, ... *Address,* Cor of Dolphin and Fremont Sts

D. F. Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66110 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sat April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Garnett

Male or Female, {Cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widowed or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 66 Wilmer Alley near Wash

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, April 23 83

Undertaker, Alf Hemsley

Place of Business,

H H Wilson M. D.,
Medical Attendant.

Address, Belvidere

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66116

The Physician who attended any person in a last illness is ~~responsible for the~~ presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Edward Blondell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 22 *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Gilmor St No 342

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, La Cathedral Cem D. G. Sparrow M.D.

Date of Burial, April 23rd 1883 Medical Attendant.

Undertaker, Denny & Hutchison

Place of Business, 560 W. Fayette St *Address* N. Stricker St No 427

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66117 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, April 23 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Rau

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 164 S Bethel

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial. 23 — Ap

Undertaker, Em. Clauss

Place of Business, 46 S. Bethel

L O Wenbourne M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66118 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Dragen

~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 20 May ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 214 S Bethel St

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 23

Undertaker W J Smith

Place of Business, ...

Edw. P. Penn M. D.

~~Medical Attendant.~~

Address, Gen Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6619 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 3 1883

Date of Death, April 22nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna McElvaney

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 71 *Years,* — *Months,* — *Days.* 1

Color, W

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cona Buck Germany

Duration of Residence in the City of Baltimore, abt 53 Years

Place of Death, { Give street and Number. } 135 S Caroline Street

Cause of Death, { First, (Primary,) Heart Disease (Supposed) / Second, (Immediate,) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, April 24th 1883

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann,

Chas M. Morfit M.D.

Coroner E.D. ~~Medical Attendant~~,

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 66120 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} District County

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} No 380 Perish alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Scarlet fever one week

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Harper

Date of Burial, April 23

Undertaker, H Bozman

Place of Business, Canton

John H. Walker M. D.,
Medical Attendant.

Address, Corner Calhoun ave & Chulse

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6121 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years 4 Months, 1/4 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Eutaw & Balto

Cause of Death,
First, (Primary,)
Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 23

Undertaker, [illegible] Colonna

Place of Business,

Physician, [illegible] M. D.,
Medical Attendant.

Address, 73 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66122 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. B. Lorkamp.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 105 Dorcas st

Cause of Death, First, (Primary,) Hepatic Enlargement.

Second, (Immediate,) Ulceration of Stomach

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Jacobs B & O. R.R. C. H. Easton

Date of Burial, April 24th 1883 Medical Attendant.

Undertaker, Wm. J. Wilkins

Place of Business, 65 S. Eutaw *Address,* 543 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66123 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH VITAL STATISTICS DEPARTMENT APR 23 1883 BALTIMORE

Date of Death, April 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Maria Trieger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three (3) *Years,* One (1) *Months,* Three (3) *Days.*

Color, Colored

Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and Number.} 351 N. Central Ave.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lawn Cem

Date of Burial, April 24 1883

Undertaker, Henry Hoch

Place of Business, 305 N Central Ave

J. W. Selzer M. D.,

Medical Attendant.

Address, 1 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66124 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Wenzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpet Weaver

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 133 E. Eager Street

Cause of Death, First, (Primary.) Senility

Second, (Immediate.) — — — —

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 25th 1888

Undertaker, Henry Hecht

Place of Business, 309 N. Eutaw St. *Address,* 60 E. Eager St.

J. W. Slocum M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6125 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 20 Millman St

Cause of Death, First (Primary),

Second (Immediate) Tuberculan Meningitis

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24

Undertaker H Meade

Place of Business, 82 West St

[illegible] M. D.
Medical Attendant.

Address, 120 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6626 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Gunby.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 11 mos.

Place of Death, {Give street and Number.} #31 Lexington St.

Cause of Death, First, (Primary,) Intercalosis.

Second, (Immediate,) Asthenia.

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg

Date of Burial, April 23

Undertaker, H. Ross

Place of Business, ____

James Brown M. D.
Medical Attendant.

Address, #31 W. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Ann Diggs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and number} 126 E. Pratt St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 23 1884

Undertaker, H. A. Darger

Place of Business, 74 S. Bway

W. R. Ley M. D.
Medical Attendant.

Address, 306 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

7

Board of Health, City of Baltimore.

Permit No. 66128

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Sunday April 22nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bowlage

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 35 Saratoga St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Inanition

Duration of Last Sickness, Thirteen months

All the above information should be furnished by the Physician.

Place of Burial, Bairs

Date of Burial, April 23

Undertaker, H W McCann

Place of Business,

Smith M.D.,

Medical Attendant.

Address, 57 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66129 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 23 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, April 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Hunt —

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 11 *Months,* 6 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 468 Exeter St —

Cause of Death, First, (Primary,) Scarlatina maligna

Second, (Immediate,) Uraemia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, N. & G. Hebrew Cemetery

Date of Burial, April 23d 1883

Undertaker, W. C. Linn & Co

Place of Business, 13 Bloomfield

H. D. Street M. D.
Medical Attendant.

Address, 1608 Eutaw St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66130 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lyleheart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color W

~~Married~~ ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 80 Peterson Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of ~~Last Sickness~~

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial April 24 1883

Undertaker, STEVENS & MOWEN, UNDERTAKERS, Lexington Ave.

Place of Business,

Dr. J. Kemp M. D.,
Medical Attendant.

Address, Corey & Pratman ats

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...arth, City of Baltimore,

Permit No. 6673 — Office of Registrar of Vital Statistics. — 66131 — Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

66131

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Whalen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (Wicklow)

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} Cathedral st near Boundary Asylum of Catholics.

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 24th 1880

Undertaker, Chas J Bryan

Place of Business, 27 N Eutaw St

C. O'Donovan Jr. M.D.
Medical Attendant.

Address, 115 W. Monument st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Ed Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J. Wagner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 459 N. Carey St

Cause of Death {First, (Primary,) Typhoid Pneumonia
Second, (Immediate,)

Duration of last Sickness, one week (about)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24th 1883

Undertaker, Chas T Scriven

Place of Business, 271 W Lanvale St

Thos S Latimer M. D.
Medical Attendant.

Address, 187 N. Bible St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 66183 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Bogue

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 18 N. Front

Cause of Death, First, (Primary,) Debility, and Old

Second, (Immediate,) age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 24 1883

Undertaker, Jos. Byrne

Place of Business, 6 [redacted] Lanvale

F. G. Comrey M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66134 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Winter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 26 Leadenhall St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 24 '83

Undertaker W Boyle

Place of Business, Hanover St 81

Wm Gombel M. D
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66180 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 03 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State of country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 179 York

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial Cathedral

Date of Burial, April [illegible]

Undertaker, C Krause

Place of Business, ———

E. E. Wiley M. D.
Medical Attendant.

Address, 168 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66136 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* XX *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Due his life

Place of Death, {Give street and Number.} 106 Penna Ave

Cause of Death, First, (Primary,) Pertussis 3d week Diphtheritic Laryngitis

Second, (Immediate,) Suffocation

Duration of Last Sickness, (3d week of Cough) 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. April 23

Undertaker, C. W. Bryant

Place of Business, 197 Penn

W. H. Kemp M. D.,
Medical Attendant.

Address, 55 No Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66137 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E. Winkle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 616 W Fayette st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemy

Date of Burial, Apl 25th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

A. H. Carlin M. D.,
Medical Attendant.

Address, 616 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6613 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca D'Almaine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 8 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chillicothe Ohio

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 McCulloh st

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) General Exhaustion

Duration of Last Sickness, Indefinite - In bed 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 25th 1883

Undertaker, John J Andrews

Place of Business No 4 & 6 Druid Hill Ave

C Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66189 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR

CERTIFICATE OF DEATH.

Date of Death, April the 21th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

2 *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 79 Clarks Court

Cause of Death, First (Primary), head fall and taxding

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April the 23

Undertaker Mr Dongens

Place of Business, East Street

Geo. H. Grimes
Medical Attendant.

Address Grimes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66140 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Grant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Rear 185 Hill st

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw st

Date of Burial, April 23/83

Undertaker, Geo W. Perkins

Place of Business,

Wm. F. Jenkins M. D.,
Medical Attendant.

Address, Dr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo E. Brown (Inspector)

No. 6611

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 6 141 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Arkel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 296 Lexington St.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 16 days.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 26/83

Undertaker Ernst & Conaw

Place of Business, 200 Hanover St *Address,*

A R Thurston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children? [OVER.]

No. 6614 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66142 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Dickerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

13 *Years,* 4 *Months,* 27 *Days.*

Color, Colored

Married, Single, Widow or Widower; {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 12

Place of Death, {Give street and Number.} 12. Little Broadway Court

Cause of Death, First (Primary).

Second (Immediate). Typho-malarial fever & Pneumonia.

Duration of Last Sickness, about four weeks

the above information should be furnished by the Physician.

Place of Burial, P.C. schoches station

Date of Burial, April th. 24

Undertaker W. Blothenger Jr.

Place of Business, 160 E. Lombard st

A. V. Gosweiler, M. D.
Medical Attendant.

Address, 253 E. Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66143 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine J. Gartt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 1 *Months,* 17 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Market woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 136 Lotter Keene st. Balto Md

Cause of death, First, (Primary,) Paralysis of right side (apoplexy)

Second, (Immediate,) in the last week / 2d attack

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 27th 1883

Undertaker, Th. J. Dill

Place of Business, 183 Columbia

Wm M Nickerson M. D.
Medical Attendant.

Address, Arlington & Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ev

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66144 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 2 1883 BALTIMORE

Date of Death, April 24' 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Hunt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Monroe St

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,) Acute Bronchitis.

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 26

Undertaker, Jos H B Cook

Place of Business, 707 W Baltimore

A H Smith M. D.,
Medical Attendant.

Address, 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66146 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Linvall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 22 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 88 S. Carrollton Ave.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemet

Date of Burial, April 25

Undertaker, Joseph Cook

Place of Business, 907 W. Balto

H M Simmons M. D.,
Medical Attendant.

Address, 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66146 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. McCabe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 181 Lee St

Cause of Death, First (Primary).

Second (Immediate) Cerebral Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore

H Hodges City Co M.D
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6147 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Gleiss

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 197 Frederick Ave

Cause of Death, First (Primary), Malarial Fever

Second (Immediate).

Duration of Last Sickness, 10 days

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 24 April

Undertaker John P. Sauble

Place of Business, 66 Frederick Ave

James Dooley M. D
Medical Attendant.

Address, 319 Hallins ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6648 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT OF HEALTH APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April the 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wagner

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Years, Months, 13 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Give time

Place of Death, {Give street and Number.} 33 Stockholm Street

Cause of Death, First (Primary),

Second (Immediate) Spasm

Sickly Bourn

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April the 24th

Undertaker Julius Kehler

Place of Business, 360 Sharp St

Geo. H. Dennis M. D.
Medical Attendant

Address, City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6149 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lee Conley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 18 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 207 N Eutaw St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 207 N Eutaw St

Cause of death, First, (Primary,) very obscure

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral bgy

Date of Burial, April 24th 1883

Undertaker, Wm Weaver

Place of Business, 502 N Eutaw St

Caleb Winslow M. D., Medical Attendant.

Address, 22 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66180 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Mefflin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 143 Argyle Ave

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) "

Duration of Last Sickness, 96 hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 25th 1883

Undertaker, Wm Weaver

Place of Business, 502 N Eutaw St *Address,* 767 Madison Ave

Elias C Price M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66787 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART APR 24 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, April 21 – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gough

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days*

Color, —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A – Co – Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 252 Raborg St –

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ~~Diarrhoea~~ Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Apr 24th 1883

Undertaker, William N Duncan

Place of Business, No 62 East St

J. W. Clark M. D.,
Medical Attendant.

Address, B. C. D.

Removed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6632 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Cornwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 337 N. Dorchester St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Convulsion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 24th 1883

Undertaker, Wilson N Dorsey

Place of Business, 62 East Street

W. W. White, M. D.
Medical Attendant.

Address, 347 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6653 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Briscoe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 17 Norris alley

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} No 17 Norris alley

Cause of death, First, (Primary;) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Apr 24th 1883

Undertaker, William N Dunger

Place of Business No 62 East St

Wm K Mariner M. D.,
Medical Attendant.

Address, Locust Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. 6615

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 6615 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 241 Alice Anna St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, April 24 1883

John H Kelberger M. D
Medical Attendant.

Undertaker John Heaney

Place of Business, 382 Orleans St *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66152 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Snell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 301 Vincent Ally

Cause of Death,
First (Primary), ...
Second (Immediate), Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 25

Undertaker W. Boltham

Place of Business, ...

Geo. W. Benson M. D.
Medical Attendant.

Address, Bd. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6756

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66156 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1898 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2, 2nd 1898

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Geo Butler Infant

Sex, Male or Female, {Cross out the word not required in this line.} Female ~~Male~~

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B'Co.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 7 S. Castle St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, April 27

Undertaker H Loftis

Place of Business, ...

P L Weston M. D.
Medical Attendant.

Address, 7 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 66137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reis

Sex—~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 65 Years, 11 Months, 12 Days

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Baltimore

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Lamb St. Schism + chronic

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Myelitis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. John H. Powell M.D.,

Date of Burial, April 24th 1883 Medical Attendant.

Undertaker, Thos C Hughes

Place of Business, 1a E Balto *Address,* 237 Canton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Permit No. 66108

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallie Robeson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Cety

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 183 Hillen

Cause of Death, First, (Primary.) Laundice

Second, (Immediate.) Congestion Lungs

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 24/83

Undertaker, Chas Tayton

Place of Business, 263 Light

H. O. Robb M.D.
Medical Attendant.

Address, 50 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6615 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 24 1883

Date of Death, April 23 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Yauck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 6 *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Line N. Lt. Pratt and Lemmon

Cause of Death,
First (Primary), Pneumonia — Convulsions
Second (Immediate), Apnoea

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, 24 of April

Undertaker Fred Goede

Place of Business, 29 S. Caroline *Address,* 7 N. Broadway

D. L. Wilson M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66160 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelyn J. Cox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} #353 N. Alst.

Cause of Death,
First, (Primary,) Puerperal peritonitis
Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 25 April

Undertaker, Adam Fink

Place of Business, 461 N. Eutaw St

Geo. H. Watkins M. D., Medical Attendant.

Address, # 305 N. Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66167. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kattie, Barnitol

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Md

Duration of Residence in the City of Baltimore, Upon birth,

Place of Death, {Give street and Number.} 115 Hoffman St.

Cause of Death,
First (Primary), Scarlatina Malygna
Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Louis Cemetery

Date of Burial, April 25th 1883

Undertaker Francis Lehmann

Place of Business, 3 N. Eden St.

Statia MD
Medical Attendant.

Address, 245 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66162 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Cole

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age ..... *Years,* ..... *Months,* 2 *Days.*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 711 Eagle alley

Cause of Death,

First (Primary), ...

Second (Immediate) Cramps

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 24th

Undertaker Geo W Perkins

Place of Business, ...

Geo. H. Bunting M. D.

Medical Attendant

Address, Cor. Gilmor & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66763 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1883 APR 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Pearsall

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Northumberland Co Va

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give street and Number.} 25 Randall St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial. April 24

Undertaker, B. Hauch

Place of Business, 62 West St

Dr Cooke M. D.,
Medical Attendant.

Address, 110 Fort Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

2922 Tues

No. 64

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66164 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} .....

Cause of Death, First (Primary) .....

Second (Immediate) .....

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, April 24 1884

Undertaker .....

Place of Business, ... *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66765 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 24 1883

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Moritz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 24 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 65 Stockholm St

Cause of Death, {First, (Primary,) Second, (Immediate,)} Small Pox

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, June 24

Undertaker, Kerchner

Place of Business,

Geo. H. Brown M. D.
Medical Attendant

Address, Cor. of Steele

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

(4. O'clock) Geo E. Brown Inspector

The Special Attention of Physicians is respectfully invited to the statements shown [illegible] on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66166 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Krieb

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sugar Refiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 44 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 33 S. Arlington Avenue

Cause of Death, First, (Primary,) Double Pneumonia,

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, apr 26" 1883

Undertaker, Denny & Gittens

Place of Business, 560 W Fayette

John Morris M. D.,
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66167 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Andrews

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days,*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 94 N Carey St

Cause of Death, First, (Primary,) Caseous Solidification of lung

Second, (Immediate,) Typhs - Malarial fever

Duration of Last Sickness, Twelve weeks under my care abnt two weeks

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, April 25th 1882 J H Mihison M. D.

Undertaker D Carey & Mitchell *Medical Attendant*

Place of Business, 550 W Fayette *Address,* 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6165

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6618 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O'Bourne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D. C

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} House of The Good Shepherd

Cause of Death, First (Primary), Acute Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Apr 25th 1883

Undertaker L. B. Cook

Place of Business, 707 W. Balt *Address,* 283 W. Lombard

Edw'd J. Michelsen M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66169 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH NOV 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence I. Stockley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 1 *Day*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 132 Hanover St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, April 25th

Undertaker F. N. Groll

Place of Business 413 Hanover St *Address,* 57 Barre[illegible]

J. H. V. Metcalf M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Printed on the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66178 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4-24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schroder

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and Number.} 301 Hatfield Ave

Cause of Death, First, (Primary,) Dropsy - from Valvular Disease of Heart

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

* All the above Information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, April 26th 1883

Undertaker, Adam. Funk — Medical Attendant.

Place of Business, 461 N. Gay St. *Address,* 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6671 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria F Fauden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} Mercy Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Eight (8) weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 26th 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

H Weber M. D.
Medical Attendant.

Address, E Cor Eutaw & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible] and Remarks below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66172 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Auld

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~born~~ Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 1295 S Wolf

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Apr 25th 83

Undertaker, G. Frank

Place of Business, Pratt & Wolf Address, 121 E Balto

J. Ridgway Andrews M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66123 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah L. Culp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 Years, 8 Months, ... Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna U.S.

Duration of Residence in the City of Baltimore, One year.

Place of Death, {Give street and Number.} 152 Gunyo St.

Cause of Death, First (Primary). Diphtheria

Second (Immediate).

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 25th 1883

Undertaker L. Wiegand

Place of Business, 116 Druid Hill Ave

J. H. Miller M. D

Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the accompanying [illegible]

Board of Health, City of Baltimore.

Permit No. 66174 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph W. Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 333 Sharp St

Cause of Death. First (Primary). Scarlatina

Second (Immediate).

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 26th 1883

Undertaker Julius Kachler

Place of Business, Sharp & Cross sts. *Address,* 146 Hanover St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 66175 ; *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 25 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Richards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Md.~~ V. A. Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 18 N. Central ave.

Cause of Death,
First (Primary),
Second (Immediate) Paralysis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 03

Undertaker Henry W. Evans

Place of Business, 5 N. Central

A. M. Hall M. D.
Medical Attendant

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of This Card.

Board of Health, City of Baltimore,

Permit No. 6216 *Office of Registrar of Vital Statistics.* Ward 10.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Saulsbond.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

..... *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and Number.} 263 Mulberry St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th 1883

Undertaker, J. E. McCoy

Place of Business, 22 W. Fayette St

H. Haxall M. D.,
Medical Attendant.

Address, 234 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6617 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Adams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

60 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 176 Dolphin St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Haemoptysis Lungs

Duration of Last Sickness, ½ hour.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Wednesday Apl 25th 1883

Undertaker Edw Sivies

Place of Business, 11 Lambert St

Alexander Insley M. D.

~~Medical Attendant~~

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eugene Gilmer Dawson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, 1 Months, 18 D.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Greensboro, Georgia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } 70 W. Madison St.

Cause of Death, First (Primary,) Febris Phthisis (Consumption)

Second (Immediate,) I do not know, as I have not seen him since December 4th 1882

Duration of Last Sickness, I do not know

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 25th 1883

Undertaker, Heyfron & Son

Place of Business, Park & Saratoga St

L. E. Chew M. D.
Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 6619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. M. Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Gas fitter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 395 Aisquith St. near Hoffman

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 25. 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

A. G. Watson M. D.
Medical Attendant.

Address 437 N. Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to Rules of Duties on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66180 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as required by law, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age; 2. *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 110 4 Chester St

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Malaria Fever

Duration of Last Sickness, 3 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial. April 25

Wm L Russell M. D.
Medical Attendant.

Undertaker, Charles F Wirth

Place of Business, 31 Grant *Address,* 238 N Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66171

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66171 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Jan April 24

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ...... Jennie Wm Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ......

Age, ... *Years,* ..... *Months,* 2 *Days,*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ......

Occupation ......

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ..... Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} ..... 108 E Bradenau

Cause of Death, First (Primary), ...

Second (Immediate) ..... Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, April 25 -

Undertaker Wm Davis

Place of Business, ...

Jno. N. Dinsmore M. D.
Medical Attendant

Address, On Oliver St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66182 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Fischer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 28 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 20 years

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and Number.} 228 Hanover St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Sarcoma

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 26

Undertaker Henry Briele

Place of Business, Henrietta

Wm Gambrill M. D.
Medical Attendant.

Address, 17 & S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

2d Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert King

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* Five *Months,* ..... *Days.*

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 5. Woodyear st.

Cause of Death { First, (Primary.) Dysentery
Second, (Immediate,) Convulsion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 26th /883

Undertaker, Alex Hemsley

Place of Business, 116 Orchard st

Geo C Ople M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

..., J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible] Back of this Certificate

Board of Health, City of Baltimore, 9

Permit No. 6687 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cobber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and Number.} 57 Park Avenue

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) 22 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 25 1883 F G Connolly M. D.

Medical Attendant.

Undertaker, John Keaney

Place of Business, 382 Orleans St *Address,* Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *~~And be it further enacted and ordained~~,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 66185

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66180 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Waters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Errand boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City 16 Yr

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 134 Pope St.

Cause of Death, First (Primary), Inflammatory Rheumatism

Second (Immediate), Congestion of the lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, April 25 1883

Undertaker Smith Ross

Place of Business 956 Monroe St Address, 146 Hill St.

J. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66186 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Wahl Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 260 N Gay St

Cause of death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26th

Undertaker, Geo. Schilling

Place of Business,

A Aronheim M. D.
Medical Attendant.

Address, 145 S. Fourth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or who was called when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6611

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6617 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jr. Johnson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, Seven Months, Seven Days,

Color, Colored,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 11 Clark's Court

Cause of Death, First (Primary), Gastro-Enteritis (Bottle Fed)

Second (Immediate), Exhaustion (Hyperpyrexia)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 25

Undertaker H. Ensor & Mason

Place of Business,

F. W. Hamilton M. D.
Medical Attendant.

Address, 1321 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15-

Board of Health, City of Baltimore,

Permit No. 66188

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva E. Kelly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 17 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 124 Brd & Sr

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 26 in

Undertaker, Henry Brill

Place of Business, Pennsylvania Av

H B Noble *M.D.,*
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons attending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6617

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6618 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Frederick Abbe

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 10 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City —

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give street and Number.} 115 S. Register St. —

Cause of Death, First (Primary),

Second (Immediate) Diphtheria —

Duration of Last Sickness, Six days. —

* the above information should be furnished by the Physician.

Place of Burial, Ballto Cem

Date of Burial, April 26 83 H. V. Gosmiller M. D

Medical Attendant.

Undertaker H. C. Sanders & Son

Place of Business, 252 Canton *Address,* 253 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66190 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled up*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 24 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Wohl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Years, 83 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Capt. of Vessel.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore During residence

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Suppurating Abdominal wall & ... followed by Erysipelas

Second (Immediate), Exhaustion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Apl. 26. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bway

H. Roblan M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 6691 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Doma May Edwards

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 18 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 234 E. Lombard

Cause of Death,
First (Primary), Catarrhal fever
Second (Immediate), Convulsions

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, April 26. 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. ~~*And be it further enacted and ordained*~~ That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permission for Burial, to be Given Where Interment is to Take Place.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66192 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Of Millgenstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 32 Yrs

Place of Death, {Give street and Number.} 262 W. Pratt st

Cause of Death; First, (Primary,) Neuralgia from wound

Second, (Immediate,) Exhaustion and Paralysis of heart

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, April 27th 1883

Undertaker, Wm Elam

Place of Business, 101 Gough st

J. W. Hebeler M. D.
Medical Attendant.

Address, 57 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention [illegible] invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 66193 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 26 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cherry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Day driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary.)

Second, (Immediate,) Apoplexy 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Apr 26 1883

Undertaker, William Downes

Place of Business, No 62 East

H. G. Comrie M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66194 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John P. Falk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 313 Ceres street

Cause of death, First, (Primary,) Roma

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 26th 1883

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts

John J. Fitzer M. D.
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the d... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth ... far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and ... cause and date of death, except in cases of births and deaths of illegitimate children. [over]

KODAK SAFETY

No. 6619

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6619 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Victoria Demby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 13 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 76 S. Dallas St.

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Phthisis.

Duration of Last Sickness, 14 weeks. 1

the above information should be furnished by the Physician.

Place of Burial, Asbury & Demby

Date of Burial, April 26 1883

Undertaker T. J. Locke

Place of Business, 433 Jefferson St.

N. V. Gosnell M. D.
Medical Attendant.

Address, 253 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66196 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cassie Saunders

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Years, ... *Months,* ..... *Days*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Fulton & Jefferson Sts

Cause of Death,
First (Primary), Consumption
Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26-1883

Undertaker J. J. Lecki

Place of Business, 473 Jefferson

G. S. Kummer M. D.
Medical Attendant.

Address, 73 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

19 **Board of Health, City of Baltimore,** 66197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th of April 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Thomas Hughes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Five Months, 7 Da.

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 187 North Eilmot St.

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Hour days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery A. J. Bell M. D.

Date of Burial, April 26th 1883 Medical Attendant.

Undertaker, Jno. A. McCloy

Place of Business, N. W. Fayette St. Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66198 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 26 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivier Louis Loud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rochester Co Mass

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 76 Fort ave

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Rochester Cemetery

Date of Burial. April 28

Undertaker, W. B. Mark

Place of Business, 82 West St.

O. A. Cooke M. D.,
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66199

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66199 , *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joana Plummer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, The last time 7 years

Place of Death, {Give street and Number.} 87 Mc Culloh St

Cause of Death, First, (Primary,) Curvature of the Spine, (Lateral)

Second, (Immediate,) Paralysis of the Pneumagastric Nerve

Duration of Last Sickness, Invalid for nearly 40 yrs, not confined for 25 yrs Paralyzed two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 26/83

Undertaker, Planet M'f'g Co

Place of Business, 357 Pratt

Elias C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66200 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josephine Myers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 6 *Months,* 25 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} N. 130 Park ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Miscarriage followed by Peritonitis

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 27th April 1883

Undertaker, H. H. Jenkins & Sons

Place of Business, Park & Lanvale Sts

Thomas Shearer M. D.
Medical Attendant.

Address, N. 97 St. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66201 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William L Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} No 44 Montgomery st

Cause of Death, First (Primary), Disease of the Brain

Second (Immediate), Apoplexy

Duration of Last Sickness, Suffering several months, last attack 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 26th 83

Undertaker Henry Hines

Place of Business, Park & Hanlon

J. Ridgway Deale M. D.
Medical Attendant.

Address, 121 E Bute

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66202 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie.

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial. April 26/83.

Undertaker, Pet Hunt.

Place of Business, Division & Johnson

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harbman & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit for [illegible] No. 6620

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66203 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 6 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 26/83

Undertaker, Pat Hunter

Place of Business, Division & Fremont

Rich. Goldsmith, M. D.
Medical Attendant.

Address, Hackemans Column

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66204 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Post

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Dress Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 268 McDonough St.

Cause of Death, First, (Primary,) Puerperal Peritonitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 26th 1883

Undertaker, Samuel N. Shaw

Place of Business, 108 E. Lanvard St

G. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 66205

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Ann Payne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* ..... *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Wagner Al.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions and Inanition

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 27 - 1883

Undertaker, M. W. Broadbeck

Place of Business, 46 East St.

E. Meierhof M.D.,
Medical Attendant.

Address, 427 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66206 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 25 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Other

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Gangrene of Foot & Leg

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial. West Pub Cemy

Date of Burial. April 25 1883

Undertaker, Fred C Kachurek

Place of Business, 450 S Carrollton Ave *Address,*

Ralph S Turner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 66269

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66269 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 = 1883 - 9.30 a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Lyons

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 1 *Years,* ——— *Months,* ——— *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, ——— ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ——— ✓

Place of Death, {Give street and Number.} House of Friendless. Druid Hill av.

Cause of Death, First, (Primary,) Rubeola

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 27th 83.

Undertaker, Wm Weaver.

Place of Business 305 N. Eutaw St.

Clark Van Bibber M. D., Medical Attendant.

Address, 4) Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66208 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hoenig

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age 88 *Years,* 3 *Months,* 3 *Days.*

Color, White

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and Number.} No 27 Durk St.

Cause of Death, First, (Primary,) (Cerebral Softening)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Apr. 27th 83

Undertaker, S. Frame

Place of Business, Frame & Mayle *Address,* 22 Jackson Place

Thomas J. Evans, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore.

Permit No. 66209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob F. Lutz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 121 Frederick Ave.

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 27 April 1883

Undertaker, H. J. Dill

Place of Business, 183 Columbia

H. H. Webber M.D.,
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66210 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lemmon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 211 S. Bond St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Membranous Croup

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, April 27th

Undertaker H. Hoffee

Place of Business, 151 S. Bond St. *Address,* 95 Park Ave.

A. F. Eichl M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66211 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary M. Blattenberg

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 742 Hanover St

Cause of Death, { First (Primary), Paralysis / Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 27 83

Undertaker Frey & Son

Place of Business, 61 N Broadway

W. S. Booze M. D.
Medical Attendant.

Address, 218 Shirley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66212 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday April 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 108 E. Madison St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood Poisoning & Exhaustion

Duration of Last Sickness, Four Days.

All the above Information should be furnished by the Physician.

Place of Burial, M. Peters

Date of Burial, April 27th 1883

Undertaker, Corkran & Evans

Place of Business, 5 Mon. Valley Ex. Address 25 & 27 Fremont Ave

William Simkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66213 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Mary Maitland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 6 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 17 John St

Cause of death, First, (Primary,) Lobar Pneumonia

Second, (Immediate,) Septicemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 27 1883

Undertaker, H W Jenkins Son

Place of Business, Park & Saratoga Sts *Address,* 29 McCulloh St

Caleb Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore,

Permit No 66214 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ettie Henderson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 15 N Pleasant

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Rosary

Date of Burial, April 27

Undertaker Undertaker of the First

Place of Business, S N Central Ave *Address,* .....

Geo. B. Ryan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6621

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6621 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 27 1893

Date of Death, Baltimore April 25th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley Washington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty eight *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and Number.} No 19 Davis Ct

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Consumption

Duration of Last Sickness, About 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27th

Undertaker, Nelson & Mann

Place of Business, 13 Hamilton Av

Jno E Weaver M. D.
Medical Attendant.

Address, 343 Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 1883 CITY

CERTIFICATE OF DEATH.

Date of Death, April 26, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Augustus Warner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 6 *Months,* 6 *Days.*

Sex,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City —

Duration of Residence in the City of Baltimore, Life time —

Place of Death, {Give street and number.} 30 N. Calvert st —

Cause of Death, First (Primary,) Dissipation

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 28th 1883

Undertaker, John J Andrews

Place of Business, 164 x 6 Druid Hill Ave

E. N. Holbrook M. D.
Medical Attendant.

Address 185 N. Carey st —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66217 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Frank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cigarmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} 217 Pierce St.

Cause of Death, First (Primary), Typhoid - Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid

Date of Burial, April 28th 1886

Undertaker M. X. Kenny 5 Hours

Place of Business, 318 Wilkens Ave *Address,* 226 Druid Hill Ave

Louis L. B. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

To Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 85 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Keeper of a Dairy

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} Fremont & Clark 56

Cause of Death, First, (Primary.) Cardiac Disease

Second, (Immediate.) Dropsy

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 27th 1883

Louis N. Knight M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 112 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 06519 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna McSmale

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 67 Boyd St

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Total 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, April 27th 83

Undertaker, Matthew Addogan

Place of Business, 227 Mullberry St

A. Hollstein M. D.,
Medical Attendant.

Address, 523 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66220 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 27 1893 BALTIMORE

Date of Death, April 26th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Brown

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 19½ *Years,* *Months,* *Days.*

Color, cd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Queen Ann Co Md

Duration of Residence in the City of Baltimore, 17 months

Place of Death, { Give street and Number. } 430 Parish Alley

Cause of Death, { First, (Primary,) Severe Cold pneumonia / Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27. 93

Undertaker, Robt Hemsley

Place of Business,

W H Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 66221

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 66221 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Violet Chamberlain

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 13 E. Biddle St

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, April 29

Undertaker Geo Schulenz

Place of Business, 0

J. W. Chambers M. D.
Medical Attendant.

Address, 132 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66222

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66222 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 53 E. Wolfe st.

Cause of Death, First (Primary), Mucaffection for 1 day as Idiot Dentition

Second (Immediate), The called Dr. till after death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Apl. 27. 1883

Undertaker M. A. Daigle

Place of Business, 74 S. Bway

H. E. Lurtz *M. D.*
Medical Attendant.

Address, Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66223 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 27 1883

Date of Death, Apr 26, '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcellus Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [redacted] *Years,* 2 *Months,* 4 *Days*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, brick layer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and Number.} ~~Front between St~~ 5 1/2 Raleigh

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Dropsy

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, W P

Date of Burial, April 27

Undertaker, M Kerchner

Place of Business,

L J Wieter M. D.
Medical Attendant.

Address, 2211 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66224

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66224 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kerchner.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} E. Monument at Spurrier & Smith's Brick Yard. + near St. Michaels Cemetery.

Cause of Death, First (Primary),

Second (Immediate) Diphtheria,

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, April 27

Undertaker G Evans

Place of Business,

N. T. Gosweiler, M. D.
Medical Attendant.

Address, 253 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

66220 **Board of Health, City of Baltimore,**

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice V Reese

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 57 Biddle alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet House

Date of Burial, April 27

Undertaker, J L Deale

Place of Business, ...

D Bidas Jeanmey M. D
Medical Attendant.

Address, 242 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 2 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66 12 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Steiger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 31 Eager St.

Cause of Death, First (Primary), Debility from Old age.

Second (Immediate), Exhaustion

Duration of Last Sickness, Failing the past year.

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, April 28 1885

Undertaker Cockeham & Emmert

Place of Business, Penn Valley Eager *Address,*

J. W. Perrin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 66227 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

APR 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich F Gaffney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Hobbs Court St

Cause of Death, First, (Primary.) Convulsions Lasting 6

Second, (Immediate.) Statement of father from D

Duration of Last Sickness, bolics & Death

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 28th

Undertaker, H. C. Middlefield

Place of Business, 90 Greenmount Ave *Address,* 188 N Gilmor St

Oscar J. Lokey M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6622

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66226 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 27 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 27th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Dehoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 68 E. Chase St

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, Apr. 29th 93

Undertaker, H. C. Hudefeld

Place of Business, 20 Greenmt Ave

S. M. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore,

Permit No. 66229

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

APR 27 1883

Date of Death, April 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Engell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* 2 *Days.* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 161 N Lanvale St

Cause of Death, First, (Primary.) Mal assimilation

Second, (Immediate.) Marasmus

Duration of Last Sickness, 2 Mo,

All the above information should be furnished by the Physician.

Place of Burial, Left by Prof Opie for museum purposes

Date of Burial,

Undertaker,

Place of Business,

W. Pollitt M.D.,
Medical Attendant.

Address, 161 N Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention o

Permit No. 66

The Physician who
out, to the Undertaker o
if requested so to do, un

Date of Death,

Full Name of Dec

Sex, Male or Fema

Age,

Color,

Married, Single, W

Occupation,

Birthplace, {State or co long in the if of forei

Duration of Resid

Place of Death, {Gi

Cause of Death,

Duration of Last
All the above inform

Place of Burial,

Date of Burial,

Undertaker,

Place of Busin

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SECTION 2. *And be*
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The Special Attention of Physicians is Respectfully Invited to Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66230 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hehring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 449 S Butler

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 27th 1883

Undertaker, G Franck

Place of Business, ...

Geo. A. Denny M. D.,

Medical Attendant.

Address Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27
1883

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Cant

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ... 17 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 324 W. Fayette

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Meningitis

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Mayo Co Va

Date of Burial, April 27-83

Undertaker, Denny & Mitchell

Place of Business, 330 N Fayette st

J. E. Lindsay M. D.
Medical Attendant.

Address 167 Park av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 66232

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66232 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 27 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Stanislarat

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and Number.} # 5 Shakspeare St

Cause of Death { First (Primary), Entero-colitis.

Second (Immediate), ...

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St James C

Date of Burial, April 27th

Undertaker H Kisper

Place of Business, ...

John H Kehlinger M. D

Medical Attendant.

Address, 2443 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is respectfully invited to the Remarks Below, and [illegible] of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66233 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. G. Smith.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* 20 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Commercial Traveller

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 26 N Eutaw St

Cause of death, First, (Primary,) ~~[illegible]~~

Second, (Immediate,) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, April

Undertaker, J. B. Cook

Place of Business,

W. T. Grimm M. D.

Medical Attendant.

Address, 86 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health. City of Baltimore,

Permit No. 66284 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Rittaglia

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, abt 25 yrs

Place of Death, {Give street and Number.} 63 Pleasant St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Chronic Phthisis

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 28th 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D W Cathell M. D.

Medical Attendant.

Address, 211 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 66231

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66231 — *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Watson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 m's *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 22 Pleasant St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 22 Pleasant St

Cause of Death, First, (Primary,) Pneumonia fatal

Second, (Immediate,) Lateral congestion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, March

Undertaker, Geo Schultz

Place of Business, ... *Address,* 28 Madison

S. Miller J. Fisher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians at Adoptersburg and Lawrenceville to Items Below, and to List of Druggists on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66286 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th Apl. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick R. Londerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 56 S. Broadway

Cause of Death, First, (Primary,) Scarlett fever

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, April 29th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

E. P. Gross M. D.
Medical Attendant.

Address, 875 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 66237 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 2 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wolle-Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 9 Maryland Ave

Cause of Death, First (Primary), Erysipelas.

Second (Immediate), Meningitis.

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, April 28th

Undertaker Chas T Scrivener

Place of Business, 271 N Eutaw *Address,*

Wm Wahle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66238 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip P. Heinz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 580 Iroquois St

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 3½ Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th

Undertaker, Geo. Schilling

Place of Business,

Geo. H. Nartzen M. D.
Medical Attendant.

Address, 1303 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6623 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66239 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Huckster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 58 Holland St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ...

Duration of Last Sickness, Several months

All the above Information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 29th

Undertaker, Geo Schilling

Place of Business, ...

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66240 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Machen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 233 Pierce St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial. April 29 83

Undertaker, J. B. Cobb

Place of Business, 707 W. Balto St. *Address,* 137 N. Carrollton Av.

J. W. C. Cuddy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

Permit No. 66241

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Michaels

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 447 W. Lombard

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Haemoptysis

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Apr. 29 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

E. Meinhof M.D.,
Medical Attendant.

Address, 427 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 66242

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66242 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elsie Cooley (Infant Cooley)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 27 E Monument St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Three years

the above information should be furnished by the Physician.

Place of Burial, Lovers Town Cemetery Baltimore Co

Date of Burial, April 29

Undertaker J D Cook

Place of Business, 707 W Baltimore *Address,* 319 N Fulton Ave

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully directed to the Instructions below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 28 1933 BALT. CO.

CERTIFICATE OF DEATH.

Date of Death, Apr 27th 1933

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hart

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 54 Porter St

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate.) Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, April 29

Undertaker, J B Cook

Place of Business, 707 W Baltimore

J H Brankam M. D.
Medical Attendant.

Address, 341 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66242 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 28 1883

Date of Death, April 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Fahey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} 37 Hull

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Apr 29th 83

Undertaker, C F Krause

Place of Business,

H W Mebus M. D.,
Medical Attendant.

Address, 37 Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

20

Board of Health, City of Baltimore.

Permit No. 66245

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH APR 28 1883 BALTO

CERTIFICATE OF DEATH

Date of Death, April 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Drusilla Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Over 60 ✓

Place of Death, {Give street and number.} 1229 W. Fremont St

Cause of Death, First, (Primary.) Congestion from

Second, (Immediate.)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 30 1883

Undertaker, Joseph B. Cook

Place of Business, 707 W Balto St

James Armitage M.D.,
Medical Attendant.

Address, 1141 Park St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 5.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66246. *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Alfred Frazier

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age ..... *Years,* 1 4 *Months.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 231 Vincent Alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate), ...

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28

Undertaker J. E. Houghton

Place of Business, Penn ave

Geo. W. Graham M. D.
Medical Attendant.

Address 231 Vincent Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Lowell

The special Attention of Physicians is respectfully called to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66247 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 15 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 189 West Ar

Cause of Death. First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1883

Undertaker H. Ross

Place of Business, 25 Conway *Address,* 146 Hanover

E. Goodard Griffith M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 64248 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Powell Houston

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Three Years, five Months, twenty four D.

Color

~~Married, Single or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} # 67 Gough St.

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Dropsy

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial. April 29

E J Way M. D.
Medical Attendant.

Undertaker, H Disney

Place of Business, H Disney Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66249 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTO.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1863

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Kelly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Quarrier & dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, { Give street and Number. } 144 South Caroline St.

Cause of Death, First, (Primary,) Hereditary

Second, (Immediate,) Consumption

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, April 29th

Undertaker, H. Dippel

Place of Business, S. Bond & 15th

Milton A. Taylor M. D.
Medical Attendant.

Address, 138 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of ... Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66230 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH APR 28 1883 BALTO

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Live Stock Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 374 E. Eager St.

Cause of Death, First, (Primary,) Chronic Dysentery + Alcoholism

Second, (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial St. Vincents Cem

Date of Burial, April 29th, 1883.

Undertaker, Jno. H. Hickman

Place of Business, 234 N. Gay St.

E. B. Finly M.D.
Medical Attendant.

Address, Cor Eden + Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66267 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Alan Kouck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Washington Road

Cause of Death, First, (Primary,) —
Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, April 29th 1883

Undertaker, John L. Mercher

Place of Business, No 150 Camden St

Wm Shreve M. D.
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office of Vital Statistics, Saturday of each week.

No. 6623

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6623-2 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Harting

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, About 3 *Years,* 6 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Home of Parents - Druid Hill av.

Cause of Death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Apr. 29th 1883

Undertaker, Wm. Weaver

Place of Business #202 N. Eutaw

Clark Van Bibber M. D., Medical Attendant.

Address, 4) Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Thomas,

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* 25 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Chair-Maker,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 353 E. Bond St.

Cause of Death, First, (Primary.) Pleuritis with Effusion;

Second, (Immediate.) Asthenia;

Duration of last Sickness, About 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 29

Undertaker, C. Hollander Sons

Place of Business, 22 N. Pratt St.

John R. White, M. D.
Medical Attendant.

Address, 353 E. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 6623

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6623 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kunkel

Sex, Male or Female, {Cross out the word not required in this line.}

43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and Number.} # 249 Alice Anna St

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Old Carmel Cemetery

Date of Burial, April 29th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Canton Ave

John H Kehlenger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66256 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27-83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Shuff

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 82 Fairmount Av

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 29th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

P. L. Davis M. D.
Medical Attendant.

Address, 301 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 66256

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66256 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 27 1883 11 1/2 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Goodwin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Cancer Eye

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ St Peters Cemetery

Date of Burial, April 28

Undertaker, J Thorn

Place of Business, ~~211 N Eutaw~~

Oscar Hopkins M. D., Medical Attendant

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66257 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hoan Dolan.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* ~~Days.~~

Color, white

~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 213 Alice Ann St.

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Convulsion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 28th

Undertaker F. N. Troll

Place of Business, #131 Hanover *Address,* 117 S Broadway

K W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66238

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66266 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Bellevski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} dig—

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 189 Denton Av.

Cause of Death, First (Primary), Diarrhoea

Second (Immediate),

Duration of Last Sickness, 2 wks;

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 29 April

Undertaker W. Tippet

Place of Business, 1052 Bond

John H Reh[illegible]er M. D.
Medical Attendant.

Address, 2403 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Carter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 115 Chestnut St.

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Evens

Date of Burial, April 29- 1883.

Undertaker, Mr N Madden

Place of Business, 16 East St

Jno. L. Bates M. D.
Medical Attendant.

Address, 17 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

each week. No. 66260

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66260 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 2 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 5 A M. 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius S. Kerford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* ..... *Months,* ..... *Days.* /

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 215 Canton Avenue

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Sinai Cemetery

Date of Burial, April 30th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

James E Donnelly M. D., Medical Attendant.

Address, 199 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible] the Requirements Below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66261 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Loos

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Internal injuries caused by

Second, (Immediate,) the falling of a cornice from the 3rd

dur. of 22 hours

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, July 29th 83

Undertaker, G Franck

Place of Business, Bank & Post

H G Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 66262

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66262. *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bayk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Porter at Adams express

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 225 N Dallas St

Cause of Death,
First (Primary). Pericellosis on the Brain
Second (Immediate). Brain effect

Duration of Last Sickness, 1 year and 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, April 29

Undertaker Ellis Hearsley

Place of Business, 220 Last St

Geo. H. Paulson M. D.
Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully directed to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66263 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Unknown - Body found April 27th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} —

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower. {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Body found Abrahams Wharf

Cause of Death, First, (Primary,) Accidentally drowned (Supposed)

Second, (Immediate,) Shock

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial E R

Date of Burial, April 28

Undertaker, H. Ecclemacher

Place of Business,

Died Apr 27 1893 at Morgue M. D.

Coroner's Medical Attendant.

Address, 2 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 66264

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 66264 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Gorman

Sex, Male or Female, { Cross out the word not required in this line } ~~Male~~ Female

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, { Give street and Number. } 86 Bond St

Cause of Death, First (Primary). Softening of the Brain

Second (Immediate).

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 28, 1883

Undertaker Matthew Cadogan

Place of Business, 227 W Henry St *Address,* 283 W Lombard

Edwd F. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 66265

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66265 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 28, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Shaw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Car Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 99 Lemon st

Cause of Death:
First (Primary), Consumption
Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th 1883

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette St

James Bosley M. D.
Medical Attendant.

Address, 319 Hallins ct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Blank thence [illegible] to the REMARKS below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66266

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr Hanslow Guentree

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 55 N. Eutaw St

Cause of Death, First, (Primary:) Heart Disease complicated by

Second, (Immediate.) Bright's Disease of Kidneys

Duration of Last Sickness, 9 Mos

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Apr 30" 1883

Undertaker, Lemmy & Mitchell

Place of Business, 530 W Fayette St *Address,* 56 2 mile Hill Pa

Chas E Jaellin *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66767 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th Apr 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Henry Large father

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 130 Pearl st Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 130 Pearl st Baltimore

Cause of Death, First, (Primary,) Pregnancy

Second, (Immediate,) Premature birth only 6 months 4 hours

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Apl 29/83

Undertaker, L. Large

Place of Business, 130 Pearl st

D. McIlvain M. D.,
Medical Attendant.

Address, 120 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66268

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART... APR 29 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fillson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 208 Pine St

Cause of Death, First, (Primary.) Puerperal Septic

Second, (Immediate.) Gangrenous Vulvitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 29 1893

Undertaker, S Wilson

Place of Business, 1911 Harrison Av

..... M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66269 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th, 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Jane Allen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 8 *Months,* 16 *Days*

Color, White

~~*Single, Married or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northumberland Co, Va.

Duration of Residence in the City of Baltimore, About 20 Years

Place of Death, {Give street and Number.} 124 Fort Ave

Cause of Death. First (Primary),

Second (Immediate), Dropsy - (Ascites)

Duration of Last Sickness, About 7 months

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetry

Date of Burial, April 30

Undertaker B. Hurle

Place of Business, 42 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6291

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66270 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 29th/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Erasmus Pickel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and Number.} 103 Cross

Cause of Death, First (Primary), Cystoplexy

Second (Immediate),

Duration of Last Sickness, 4 days

the above info mation should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, April 30

Undertaker B. Mark

Place of Business, 82 West St.

Louis H. Horn M. D.
Medical Attendant.

Address, Cor Saulsbury & Wyoming Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66271 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Storey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore County, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 154 S. Bhrings St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove

Date of Burial, April 30th

Undertaker, W. Coffee

Place of Business, Address, 2 N Bond

Dr. Gatchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66272 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Meyer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, aft 39 yrs.

Place of Death, {Give street and Number.} 233 E Lombard St.

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, aft 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 30th 1893

Undertaker, Henry Heuman

Place of Business, 63 Eutaw St

Geo. L Kuenion M. D.
Medical Attendant.

Address, East Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 6627

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66273

1883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lovinda Page

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 years, ... months, ... days.

Color, Colored *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 60 Orchard St.

Cause of Death, {First (Primary,) Pulmonary tubrculosis / Second (Immediate,) ...

Duration of Last Sickness, Abut one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29 1883

Undertaker, A. & Hemsley

Place of Business, ... *Address* 41 Orchard St.

W. H. Thompson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66274

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or accompany, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sdda Sadler

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeping

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 63 Stockton St

Cause of Death, First, (Primary.) Pentitis

Second, (Immediate.)

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 30

Undertaker, John Lake

Place of Business, 166 E Balto

Chas E Sadler M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Statistics Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66275 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 3 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Davidge

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, Colored

Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 Cairo alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial Shorb's Cemetery

Date of Burial, Apr 29 1893

Undertaker, Wilbur & Burger

Place of Business, No 62 East Street

H. Stanley Hill M. D.
Medical Attendant.

Address, 119 Dumbarton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66276 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28. 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Brush.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Wendyear Alley

Cause of death, First, (Primary,) Tubercular Meningitis.

Second, (Immediate,) Paralysis.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30th

Undertaker, Martin Fahey

Place of Business, 128 Townsend St

John J. King M. D.,
Medical Attendant.

Address, 215 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6627 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 8 S Eutaw

Cause of Death, First (Primary), Malignant Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 30. 1883

Undertaker Cochran & Evans

Place of Business, S.W. Cor Paca & Lexington *Address,* 712 Cathedral

Geo R Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1888.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis L Trainer,

~~Sex, Male or Female,~~ {cross out the word not required in this line.} Male

Age, 1 Years, 9 Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Mosier St near Fenders Ave

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) Uraemia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 30th 1888

{ Undertaker, Denny & Mitchell
{ Place of Business, 550 W Fayette St | Address, 184 N Carrollton Ave

John L Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66279 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

1883

BALTIMORE

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Pittman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Balto. City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 28 N. Gay St.

Cause of death, First, (Primary,) Degeneration of Arterial System

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 1st 83

Undertaker, Jos. H. Cody

Place of Business, 72 N. Fayette St

Chas. H. Crim M. D.
Medical Attendant.

Address, 185 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Ph[illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific[illegible]

Board of Health, City of Baltimore,

Permit No. 66280 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Minnick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 352½ N. Durham St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 30/83

Undertaker, Fry & Son

Place of Business, 881 Broadway

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66281 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter D Duncan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 371 Eastern Ave

Cause of Death, First (Primary), Pertussis

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, April 30

Undertaker G W. Perkins

Place of Business 130 Henrietta St

E. D. Booze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66282

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Ewald

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* 1 *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number} 138 Argyle Ave

Cause of Death First, (Primary.) Valvular disease of the heart

Second, (Immediate,) Dropsy -

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 30th 1883

Undertaker, Jos. Jenkins Sons

Place of Business, Park & Saratoga Sts. *Address,* 112 N. Green

Louis W. Knight M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66283. *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pat Ryall (Ryan)

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 79 S. Central ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, April 30 1885

Thos. Snyder M. D.
Medical Attendant.

Undertaker Jas O'Byrne

Place of Business, 63 Fayette *Address,* 17 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66284 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Donner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* ——— *Months,* ———

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 199 Virginia Street

Cause of Death, First, (Primary,) Change of Life

Second, (Immediate,) Incipient Phthisis

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Bone Cemetery

Date of Burial, April 30th 1883

James E. Shipley M. D.
Medical Attendant.

Undertaker, James P. Byrne

Place of Business, No 63 N. Front St. *Address,* 199 Virginia St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66286 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Sales

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 94 George St.

Cause of Death,
First (Primary). Pulmonary Consumption
Second (Immediate).

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Dames Grove

Date of Burial, May 1st 1883

Undertaker John J. Andrews

Place of Business No. 446 Druid Hill Ave

D. E. Mullan M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66216 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29/83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Hubbard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~. { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cambridge Md.

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, { Give street and Number. } 98 Boston St.

Cause of Death, First (Primary), General Dropsy

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 30th 83

Undertaker G. Franc

Place of Business, Bartol & Wolfe *Address,* 117 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 66287 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Dyke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 935 Williams st

Cause of Death, First (Primary), Meningitis

Second (Immediate), Spasm

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 1st 1883

Undertaker Andrew Knell

Place of Business, 206 Columbia st *Address,* 166 S Paca st

C. L. Buddenbrock M. D
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66288 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Harrington

~~*Male or Female,*~~ {Cross out the word not required in this line.} ✓

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Stove finisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Balto. City Hospital.

Cause of Death, First (Primary), Gun shot-wound (suicide)

Second (Immediate), exhaustion

Duration of Last Sickness, five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 1 / 83

Undertaker M. A. Dwyer

Place of Business, 744 S. Bux, *Address,* City Hospital.

J. W. Bowers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 66289 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Keys

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days*

Color Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 466 E Balto

Cause of Death, First (Primary),

Second (Immediate) Senility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, April 30

Undertaker W A Dayer

Place of Business,

Geo. H. Dixon M. D
Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66290 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine E. Graham

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 356 Canton Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebro spinal Meningitis,

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, April 30. 1883

Undertaker Chandler Son

Place of Business 202 Canton Av

Nicholas L. Dashiell, Sr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully invited to the [illegible] on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6629 **Office of Registrar of Vital Statistics.** **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Keller

~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days*

Color, W. M.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 115 N. Eutaw

Cause of Death, First (Primary), Carcinoma Kidney

Second (Immediate). Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 30 1886

Undertaker John Hennessy

Place of Business, 382 Eutaw St *Address,* [illegible]

J. Mettee M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 6629 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29/13

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Coyne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* ——— *Months,* ——— *Days*

Color, ——

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 16 Stockholm St

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H-P. Cemetery

Date of Burial, April 30/13

Undertaker F. A Kerchner

Place of Business,

Medical Attendant.

Address, 1st of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66293 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, so named, give names of parents.} Mary Hammond

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 20 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Leith always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, April 29 1883

Undertaker, Fred C. Kaehnel

Place of Business, 150 Lanvale St.

J. Neth M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty six *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 23 Hope street

Cause of Death, First (Primary,) Congestion of the Medical Nerves

Second (Immediate,) (Asthenia)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 1st 1883

Undertaker, S. W. Chase

Place of Business, 198 S. Howard st

David A Glenn M. D.
Medical Attendant.

Address No 541 Hartford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66293 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4, 28-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa J. Cole

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 110 N. Spring

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, Apr 30th 1883

Undertaker, S. M. Chase

Place of Business, 188 S. Broadway

H. M. Eastman M. D.
Medical Attendant.

Address, 349 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 66296 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or notify if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, April 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Lowry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 08 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and now long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and Number.} 161 Pine St

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 30 April

Undertaker, Henderson & Marson

Place of Business, 13 Hanover St *Address,* 172 Franklin St

I M Antrim M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66297 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Hardy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 9 *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elkridge Md

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} 30½ Courtland St

Cause of Death,
First (Primary), Heart Disease
Second (Immediate), Heart Disease

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Talbot County Md

Date of Burial, May 1 1888

Undertaker William N Dungee

Place of Business, 1062 East St

A K Bond M. D.
Medical Attendant.

Address, 82 Reed St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

2930 Transit

Board of Health, City of Baltimore.

Permit No. 66298, *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Geo Schuch

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 2 2 Days

Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 486 Hanover St.

Cause of Death, { First (Primary), Second (Immediate), Lockjaw

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 30

Undertaker Geo Schulley

Place of Business,

Wm. R. Dixon M. D.
Medical Attendant.

Address Cor Hanover & Scott Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 66299 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday April 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McGuire

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newark New Jersey

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 24 Montrose Ct.

Cause of death, {First, (Primary,) Malignant Carbuncle

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 1st 1883

Undertaker, Jas. B. Lash

Place of Business, No 707 N Baltimore

J. Dunnott Jones M.D.
Medical Attendant.

Address, 56 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66300 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 30 1883 BALTIMORE

Date of Death, 2 Harry Stewart Norris

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} 1 April 1883

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Fifteen *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore C

Duration of Residence in the City of Baltimore, About One Year

Place of Death, {Give street and Number.} 603 Penna Av

Cause of Death, First, (Primary,) Erysipelas of leg. which lasted about two weeks followed by

Second, (Immediate,) Pneumonia of left lung from which he died.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cy.

Date of Burial, Apr. 30th 1883

Undertaker, J. B. Cook

Place of Business, 707 Balto. St.

A. D. Polo M. D.
Medical Attendant.

Address, No 1 North ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66301 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C. Wilbur

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Trunk Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 485 Lexington St

Cause of Death, First, (Primary,) Locomotor Ataxia - 10 yrs

Second, (Immediate,) Acute Meningitis, supposed induced by a fall

Duration of Last Sickness, — about 14 days

All the above information should be furnished by the Physician.

Place of Burial, Lowden Park Cem.

Date of Burial, April 30th 1883

Undertaker, C. B. Cook

Place of Business, 707 W. Balto St.

A. H. Easton M. D.
Medical Attendant.

Address, 483 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

Permit No. 6382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. Lewis Bee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 14 *Months,* ——— *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, 0

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 132 South Pr

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 132 South Pr

Cause of Death, First, (Primary.) Staphylitis

Second, (Immediate.) Erysipelas

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, [redacted] May 1883

Undertaker, N. Ross

Place of Business, 95 Gay St

Geo. H. Jenkins M.D.,
Medical Attendant.

Address, 66 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66803 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hedwig Hoose

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, *Years,* *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Baby

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 301 E. Lee

Cause of Death, { First (Primary), Convulsions; Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harp St Cem

Date of Burial, April 30 1881

Undertaker Ross

Place of Business, 95 Conway St

W. S. Bosse M. D.
Medical Attendant.

Address, 210 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66304 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr. 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 5 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and Number.} 222 Bond St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1

Undertaker, W. J. Tickner

Place of Business, 655 Eutaw St

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66305 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Hardy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 253 Hughes St

Cause of Death, { First (Primary), Phthisis

Second (Immediate). Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 30

Undertaker G. W. Perkins

Place of Business 130 Henrietta St

Address, 210 Shroff St

T. J. Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health. City of Baltimore,

Permit No. 6306 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Holzhaus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Tailoress None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 257 S Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption,

Duration of Last Sickness, Six Months,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 1st

Undertaker, Henry Sanders

Place of Business, 252 East Lanvale Avenue

Nicholas L. Dashiell, Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians ... to Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66307 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1883

CERTIFICATE OF DEATH.

Date of Death, April 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Ann Brafford

Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} 358 W. Lombard St

Cause of Death, First (Primary). General Debility with

Second (Immediate). Senile Gangrene of the Bladder

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, May 1st 83

Edwd F. Michael M. D.
Medical Attendant.

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 66308 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday April 30th 1883. at 5 Clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower. {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} Aged Mens Home

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 1st 1883

Undertaker, Nelson Linthicum & Sons

Place of Business, Park & Saratoga Sts *Address,* 1 Waverly Terrace

Geo H Lapsley M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66309 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Arthur L. Rider

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 — *Years,* *Months,* 9 mos *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Saloon Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } No 17 — New St.

Cause of Death,
First (Primary), Phthisis Pulmonalis,
Second (Immediate), Exhaustion

Duration of Last Sickness, But Year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 1st 1883

Undertaker Jas H Bryant

Place of Business, 320 N. Liberty St

J. Fotheringham M. D
Medical Attendant.

Address, 138 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66310 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. RECEIVED MAY 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Marcus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~——~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nr 358 Madison Ave. Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Nr 358 Madison Ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness, ~~——~~

All the above information should be furnished by the Physician.

Place of Burial, Ohel Sholm Congregation Cemetery

Date of Burial,

Undertaker, S. Posninsky

Place of Business, 95 Harrison Av. *Address,* Nr 245 [illegible]

Pembroke M. Wales M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E Blacklar

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Annes Co Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 356 E Fayette St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Queen Anne's Co, Md

Date of Burial, May 1st 1883

Undertaker, M. A. Darger

Place of Business, 74 S. Bway.

E Geo Walls M. D.
Medical Attendant.

Address, 474 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6631 2nd Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Link

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 15 h. Lexington St ~~Washington St~~

Cause of Death, First (Primary), Typhoid Malignant

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, May 31st 83

Undertaker G. Frame

Place of Business, Davis & Wolfe *Address,* 24 S. Baltimore

J. Tolliver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66813 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1 1883

Date of Death, April 30. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Yaeger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3½ *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 502 E. Monument st.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins cemetery

Date of Burial, May 1st 3 o'clock.

Undertaker, H. Schaltheis M. D.,

Medical Attendant.

Place of Business, 216 E. Monument Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 66314

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 1 1893

CERTIFICATE OF DEATH

Date of Death, Mary Headet Apl 28 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 m *Years,* 7 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 204 South St

Cause of Death, First, (Primary.) Carcinoma Uteri

Second, (Immediate.)

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, St. Mathew Cemetery

Date of Burial, 1st of May.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline St. *Address,* 1894 Howard

Xiliander Sloan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6631 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1 1883

CERTIFICATE OF DEATH.

Date of Death, April 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no name, give names of parents.} Eliza Cook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 Years, Months, Days,

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N Carolina

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} N 9 Front St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 1

Undertaker, Ed White

Place of Business,

E Tilley M. D.,
Medical Attendant.

Address, 10 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6816 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1883

Date of Death, April 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Dempsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Book keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 Barnet Alley

Cause of Death, First (Primary), Tubercid Phthisis

Second (Immediate),

Duration of Last Sickness, About a year.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, May 2nd 1883

Undertaker Joseph F. Byrne

Place of Business, 59 & Liberty *Address,* 37 Franklin St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66317 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lamberger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 87 Moore alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Inanition.

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 1st 1883

Undertaker, Alex Hensley

Place of Business, 116 Orchard

P. Eaw Janney, M. D.,
Medical Attendant.

Address, 242 W. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6681C *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1 1883

CERTIFICATE OF DEATH.

Date of Death, April 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E Hamilton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 23 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation School Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Abingdon Va

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} Balt. St near Peach.

Cause of Death, First (Primary), Run over by No 12 Car Red Line

Second (Immediate), Fract Skull & Internal Injuries

Duration of Last Sickness, Instantly

All the above information should be furnished by the Physician.

Place of Burial, Catholic

Date of Burial, May 2 nd 1883

Undertaker Jos K Lord

Place of Business 1707 W Baltimore St

Alexander Tinsley M. D.

Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6619 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bread Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 259 N. Dallas St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Cirhosis of Liver

Duration of Last Sickness, 3 mos

* All the above Information should be furnished by the Physician.

Place of Burial, Zell Potter's Cemetery

Date of Burial, May 1st

Undertaker, W. Erlan

Place of Business, 101 Saratoga st

D. W. Hunt M. D.
Medical Attendant.

Address, 75 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66320 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Lucien Davis

Sex; Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 81 East St

Cause of Death, First (Primary),

Second (Immediate), Tuberculosis

Duration of Last Sickness, ~~Tuberculosis~~ 2 Yrs

the above information should be furnished by the Physician.

Place of Burial, Woodbury cemetery

Date of Burial, May 1st 1883

Undertaker Wm A Burgee

Place of Business, 62 East St *Address,*

C. J. Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66821 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Stuart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 0 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 12 mos.

Place of Death, {Give street and Number.} 137 N. Durham

Cause of Death, First, (Primary,) Puerperal Peritonitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 1st 1883

Undertaker, Wm. A. Young

Place of Business, 62 East St

G. F. Jay M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as nearly as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 66322 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} O. Rena Louderman

Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 56 S. Broadway

Cause of Death, First, (Primary,) Scarlet fever Complicated with Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, May 2nd 1883

Undertaker, Henry A Bithell

Place of Business. 65 S Broadway

E. P. Sons M. D.,
Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66123 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, [redacted] April 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Page Cameron

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Six weeks *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Athrepsia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. May 1

Undertaker, C. H. Blizzard

Place of Business, 198 Lan ave

T. A. Ambt M. D.
Medical Attendant.

Address, 82 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66324 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Elwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} Cannon St below Eutaw

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days Pneumonia

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, May 2nd 83

Undertaker Wm A. Daiger

Place of Business, 748 Broadway *Address,* 67 Whitlock

Ernest Williams M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66825 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 2 1883 BALTIMORE

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Roth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 88 Russell St.

Cause of Death, First (Primary), Small Pox

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1/83

Undertaker B. Hare

Place of Business, West St

Geo. W. Dunn M. D.

Medical Attendant.

Address 88 Russell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Geo. E. Bowen
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66326 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Guillemeau Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 143 S. Eden St.

Cause of Death, First, (Primary,) Syphilitic Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 2d

Undertaker, J. Ging'l

Place of Business, 1.3 Bond St. 151

Emma E. Smith M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66 327 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Henry Gordon

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, 54 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lohne Oldenburg Germany

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and Number.} 40 South Wolfe st.

Cause of Death, First, (Primary,) Chronic

Second, (Immediate,) Goitre Ulcer

Duration of Last Sickness, Nearly four months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Whitonsus Cem.

Date of Burial, May 2 nd

Undertaker, H. Fiji

Place of Business, N. Bond st. 151

Wm. B. Thommen M. D.
Medical Attendant.

Address, S.W. Cor. Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66828 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard J. Early.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 32 years

Place of Death. {Give street and Number.} 162 1/2 E. Baltimore St

Cause of Death. First (Primary). Fibroid Phthisis

Second (Immediate).

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial. Holy Cross Cemetery

Date of Burial. May 2d 1883

Undertaker Henry H. Mears

Place of Business, 45 N. Gay St *Address,* 5 Franklin St

John Morris M.D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6329 *Office of Registrar of Vital Statistics.* Ward 60

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella May Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eight *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No 519 East Fayette St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Dropsy

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1st

Undertaker, Fry & Dey

Place of Business, 619 W. Fayette

Wm. H. Clendinen M. D., Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66320 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Elizabeth Burt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Talbot County, Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} Chew St. 6th Above N. E.

Cause of Death, First, (Primary.) Hypertrophy Heart Stricken Wound

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel

Date of Burial. May 14 83

Undertaker, Fry & Co

Place of Business, 101 N Broadway

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66881 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Elis. Mason

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 121 One Sheet

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Chapel at

Date of Burial, May 22nd 1883

Undertaker, S. W. Chard

Place of Business, 158 Eutaw

C. W. Nagel M. D.
Medical Attendant.

Address, 206 N. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wilbur Messinger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} 95 - William St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Obstructed Bowel

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2nd 1883

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. C. Lum. M.D.
Medical Attendant.

N. W. cor

Address, Hanover & Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No 66388 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Between 10 O'clock AM April 29th & 7.30 A M April 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Bacon Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and Number.} 318 Eldonson Street

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, May 3rd 1883

Undertaker, John Fake

Place of Business, 166 E Balto St

H. G. Connolly M. D.

~~Medical Attendant.~~

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6834 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 8 1883 BALTIMORE

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Lyon Evans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and Number.} 349 Lexington St.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 2nd 1883

Undertaker, Wm. J. Leeson

Place of Business, 27 N. Eutaw St

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 10 66930

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 30th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas James Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, White Washer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 40 Vine St

Cause of Death, First, (Primary) Consumption

Second, (Immediate.)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 2 1883

Undertaker, S McShane

Place of Business, ...

R Hubbert M.D.,
Medical Attendant.

Address, 210 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66336 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Holmes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, Black

~~Married, Single~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 170 Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d. 1883

Undertaker, Wm. A. Sunger

Place of Business, 62 East St

Silas N. Chandler M. D.,
Medical Attendant.

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66317 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Lee

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 19 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Mechanics Court

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Cerebritis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d 1883

Undertaker, Wm H Dunger

Place of Business, 42 East 21st

E. A. Baldwin M. D

Medical Attendant.

Address, 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 66388 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Winslow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 1100 Johnson St

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Dyspnoea

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 23 May 1883

Undertaker Jno P Schuh

Place of Business, 265 Aisquith *Address,*

Medical Attendant, W B

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66339 *Office of Registrar of Vital Statistics.* Ward 5-

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Rosenblatt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 2 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Hebrew Hospital

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Scholam

Date of Burial, May 2nd

Undertaker, Wm Filan

Place of Business, 101 Gough St

H. Wolpert M.D.
Medical Attendant.

Address, 1 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66540 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas H Lafferty

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } W 11 North Street

Cause of Death; First, (Primary,) Meningitis.

Second, (Immediate) Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial Western Cem.

Date of Burial, May 3' 1893

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Geo. Jones M. D.,
Medical Attendant.

Address, Dr. Lafferty's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66841 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta P. Zimmerman

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 15 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 95 S. Broadway

Cause of Death, First (Primary), Meningitis

Second (Immediate), Coma

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare.

Date of Burial, May 3rd 1883.

Undertaker Denby & Morgan

Place of Business, 935 Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 15 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. – *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66342 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Elizabeth Hamburg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} No. 413 Allegheny

Cause of Death, First (Primary), Pneumonia

Second (Immediate).

Duration of Last Sickness, 15 Days

the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, May 28th 1883

Undertaker H. Sanderson

Place of Business, 252 Lanvale *Address* [illegible]

J. P. Duffy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66343 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ostendorf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* 28 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ex Marker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 93 Lee St

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Hemorrhage.

Duration of Last Sickness, 7 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Centre

Date of Burial, May 3, 1883

Undertaker, Henry Roth

Place of Business, 389 Central Ave

Jno. J. R. Frost M. D.,
Medical Attendant.

Address, 93 S. Wayne Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 66845 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ella Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } F

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 117 Clement alley

Cause of Death,
First (Primary). .....
Second (Immediate). Examination

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 2nd

Undertaker A. Heiney

Place of Business, ...

Geo. W. Benson M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Regulations on Back of This

Board of Health, City of Baltimore.

Permit No 6634 **Office of Registrar of Vital Statistics.** **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Holbmayer

Sex, Male or Female, {Cross out the word not required in this line.} (a few hours)

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 257 N Caroline St

Cause of Death, First (Primary), I know nothing about what it

Second (Immediate), died of as I believe I believe it was what

the child began with it dead born

Duration of Last Sickness, I simply certify to it & sign the

All the above information should be furnished by the Physician. certificate

Place of Burial, Holy Redeemer

Date of Burial, 2 May

Undertaker Adam Fink

Place of Business, 461 W. Gay St *Address,* [illegible]

F. A. Warne M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Gertrude Yokemeath

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 Years, — Months, — Days

Color, White Sex,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Almost 30 years.

Place of Death, {Give street and number.} 57 Druid Hill Ave.

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 4th 1883

E. M. Paul M. D.
Medical Attendant.

{Undertaker, Wm Treaver / Place of Business, 202 N. Eutaw St.} Address 243 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 66847 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Bacon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and Number.} 190 Myrtle Ave

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 3d 1883

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St

J. H. Miller, M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66348 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Bley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 11 *Months,* 25 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 200 S. Bond st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption -

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, 2 May

Undertaker, H Diffel

Place of Business, 251 Bond st

Nicholas L Dashiell, Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 66349 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Barzart.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Few days.

Place of Death, {Give street and Number.} Balt City Hospital

Cause of Death, First (Primary),

Second (Immediate). Dysentary.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial May 2d 83

Undertaker H. C. Saunder

Place of Business, 352 Eastern Address, City Hospital

J. W. Bowers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6683 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Rosenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1377 N. Eutaw st

Cause of Death, First (Primary), Fevherines & Explanation

Second (Immediate), Fits

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2d 1883

Undertaker Henry W. Means

Place of Business, 45 N. Gay St

J. Ridgway Andre M. D
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66357 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bridgman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England 45 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 94 Bat, and

Cause of Death, First (Primary), Gastric ulcer (Probable)

Second (Immediate), General Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, May 4

Undertaker B. Musle

Place of Business, 81 West St.

Wm. P. Ellis M. D.
Medical Attendant.

Address, 913 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C.

Board of Health, City of Baltimore.

Permit No. 66352 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth C Jones.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Housewife.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8 Fairmount Ave.

Cause of Death, First (Primary), Organic Disease of Heart.

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, May 3/83

Undertaker Demmert & Stitchell

Place of Business, 65 S Broadway *Address,* 95 Park Ave.

A. F. Esch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 66383 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. J. Porter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } MD

Duration of Residence in the City of Baltimore, 30 yrs in City

Place of Death, { Give street and Number. } Balt. Infirmary

Cause of Death, First (Primary). B Injuries in R. R accident

Second (Immediate).

Duration of Last Sickness, 2 1/4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 4th 1883

Undertaker Wm J. Tetlow

Place of Business, 65 S. Eutaw

Alexander Tinsley M. D.

~~Medical Attendant~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66364 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Ap 25 or 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Kefanes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State if born in country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22

Place of Death, {Give street and Number.} Head Long Creek

Cause of Death, First, (Primary,)

Second, (Immediate,) Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Apr 27th 1883

Undertaker, [illegible]

Place of Business, [illegible] *Address,*

Alexander Insley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6655 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1st May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hembry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor Cor. Preston and Valley Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 3rd May 1883

Undertaker, Henry Scholtheis

Place of Business,

Thos Brooke Bayle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No 66356 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo. Kuig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 10 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 158 S. Chapel

Cause of Death, First (Primary). Cerebral Congestion

Second (Immediate). Asthenia

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Dallo Penn

Date of Burial, May 2nd 83

Undertaker G. L. Francis

Place of Business, Bank & Wolf *Address,* 70 S. Broadway

J. L. Wilson M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

13 Board of Health, City of Baltimore,

Permit No. 66357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L Reading

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Middletown Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 16 N. Eutaw St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate,) Supposed to be Cancer

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Middletown Md Dpt

Date of Burial, May 2nd 83 J. L. Blagett M. D.

Medical Attendant.

Undertaker, Th. Ostenwalt

Place of Business, 35 S. Eutaw *Address,* 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

9

Board of Health, City of Baltimore.

Permit No. 66358

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 3 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 1 May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Not Known about 18 Mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 St Paul

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) about 1 Month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Bonnie Brae

Date of Burial, May 3

Undertaker, G Rhenhark

Place of Business,

Thos J Worch M.D.,

Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ecessary entries in the blanks below, and to List of Diseases on Back of ...

147 **Board of Health, City of Baltimore,**

Permit No. 66859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Lowenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 Years, 1 Months, 22 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 80 E. Carroll ave

Cause of Death, First, (Primary) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cem.

Date of Burial, May 4 1883

Undertaker, J. B. Roop

Place of Business, 707 W. Balto St

B. L. Herman M. D.
Medical Attendant.

Address, 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...PRINTED BY J. G. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66360 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evilina Brownwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Fifteen Months, Days.

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give street and Number.} No. 37 Hale St.

Cause of Death, First (Primary), Catarrh

Second (Immediate), Bronchitis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Shurch St

Date of Burial, May 3rd 1883

Undertaker Dep't Pennsley

Place of Business, 16 Orchard

J. W. Gardner M. D.
Medical Attendant.

Address, 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6361 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shade

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster business

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Past all his life except a few years

Place of Death, {Give street and number.} 1916 Lexington st East Md

Cause of death, First, (Primary,) Organic Heart Disease

Second, (Immediate,) Asthma

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 3rd 1883

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St.

James S. Tate M. D.,
Medical Attendant.

Address, 134 East Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 3rd "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, One Years, Two Months, Days

Color, Black Sex, Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 170 S. Gallis St

Cause of Death, {First (Primary,) Second (Immediate,)} Scrofula Debility

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1883

{Undertaker, J Locke
Place of Business, Wolfe St}

J. W. Corkran, M. D.
Medical Attendant.

Address 340 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 66363 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. May 2. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Stueber

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death. {Give street and Number.} 12 E Edward

Cause of Death. First (Primary).

Second (Immediate). Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4th 1883

Undertaker Julius Kochler

Place of Business, Shark & Cross *Address,* 140 Hanover

Signed Chas. Cross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66364 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Bair

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lexington, Mo.

Duration of Residence in the City of Baltimore, Four Years.

Place of Death, {Give street and Number.} Liberty Alley & Madison St.

Cause of Death, First (Primary), Rheumatic Meningitis

Second (Immediate), Edema of Lungs.

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Lexington Missouri

Date of Burial, May 3rd 1883

Undertaker Wm. H. Eichman

Place of Business, 234 N. Gay St. *Address,*

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66866 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAY 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 3d /83.

Undertaker, Pat Hunt

Place of Business, Grain & Irvine

R. McGoldsmith M. D.,
Medical Attendant.

Address, Harlem av. Baltimore Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66366 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Flaherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 1 *Months,* D...

Color White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 31 E. Biddle St.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

Duration of Last Sickness, about 14 months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents B. Ground

Date of Burial, May 4th 1883

Undertaker, M. A. Taylor

Place of Business, 74 S. Broadway

Jno. L. Lynch M. D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66867 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in e last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip G. Reed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 74 n High st

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart disease

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, May 4 1883

Undertaker, Jas P Byrne

Place of Business, 63 Gunter

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66366 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT CITY OCT 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Munslager

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 — *Years,* *Months,* *Days.*

Color, White

Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Thirty five years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 183 S. Paca

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asphyxia from vomiting

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 4th 1883

Undertaker, Wm J Hunter

Place of Business, No 150 Camden

B. F. Phillips M. D.,
Medical Attendant.

Address, 327 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66569 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1883 BALTIMORE

Date of Death, May 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Höhl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 187 D. Maddison Alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 4th

Undertaker, H. Sieffe

Place of Business,

James F. Shaw M. D.
Medical Attendant.

Address, 69 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6637 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. May 12th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Kiel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* 24 *Months,* ____ *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death. { Give street and Number. } 11 Jefferson St. Court.

Cause of Death { First (Primary). Pneumonia

Second (Immediate).

Duration of Last Sickness. 4 weeks

All the above information should be furnished by the Physician.

Place of Burial. Asbury & Bewley

Date of Burial. May 14 1883

Undertaker Lloyd

Place of Business 178 Jefferson *Address,* [illegible]

T. A. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66371 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th Body found May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Richard Whittington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 25 *Years,* *Months,* *Days.*

Color, b

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Wh foot of Chester St

Cause of Death, First, (Primary,) Accidentally drowned

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Balt Pub Cemty

Date of Burial, May 1st 1883

Undertaker, Fred A Reichner

Place of Business, 450 S Carrollton

Chas. Moffit M. D.

Coroner & C ~~Medical Attendant.~~

Address, 617 Wells St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 6632 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAY 3 4 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May the 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} the Infant of John & Liza Miller

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age ____ *Years,* ____ *Months,* 30 minutes *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 213 Raborg St

Cause of Death, First (Primary), ____

Second (Immediate) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May the 3th

Undertaker Mr Dungen

Place of Business, East St,

Geo. H. Dunn M. D.
Medical Attendant.

Address, Bn of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Eugenia Butler.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Four Years, Three Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 4 yrs & 3 mos

Place of Death, {Give street and number.} 206 Park Ave.

Cause of Death, First, (Primary.) Gastric Fever.

Second, (Immediate.) Congestion Brain.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1883

Undertaker, Bird & Gray

Place of Business, 63 Mulberry St

Robt. K. Nelson M.D.
Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66374 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Roscoe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 14 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 14 hours

Place of Death, {Give street and Number.} 96 N. Fremont

Cause of Death,
First, (Primary,) Premature Birth
Second, (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls

Date of Burial, May 4

Undertaker, L Hanna

Place of Business, ——— *Address,* ———

J. H. Buchanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 66375 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Zulick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} 256 N. Caroline Street

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) .....

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 4 1883

Undertaker, John Hennessy

Place of Business, 383 Caroline *Address,* 684 Broadway

James F. Shaw M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 66876 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav H. Heck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 102 N. Chester st

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 4 1883

Undertaker, John Kearney

Place of Business, 382 Orleans St *Address,* Com. of Health

Wm. H. Bruns M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 66377 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Gerhold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Gardner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give street and Number.} 186 Lamade

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cemetery

Date of Burial, May 4 1883 J H Keller M. D.

Medical Attendant.

Undertaker John Hennig

Place of Business, 382 Orleans *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2/83 Elijah E-ish

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Enish

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's Co. Md

Duration of Residence in the City of Baltimore, 63 years.

Place of Death, {Give street and number} 275 Saratoga St

Cause of Death, First, (Primary.)

Second, (Immediate.) Valvular disease of the Heart

Duration of last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 4th 1883

Undertaker, L Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 112 2. Fremont St

Louis H. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. T. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 66379 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death May 3rd 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorretta Gallions

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months.* 24 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore.

Place of Death. {Give street and Number.} 108 Lee St

Cause of Death. First (Primary). Pneumonia Double

Second (Immediate).

Duration of Last Sickness. 7 days

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial. May 4 1885

Undertaker C F Krause

Place of Business,

H. N. Sasin M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

Board of Health, City of Baltimore,

Permit No. 66580 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3rd May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard M. Hopkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shipping Agent

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 111 Camden st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 6 1883

Undertaker, C F Krause

Place of Business,

J W Wilson M. D.,
Medical Attendant.

Address, 54 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66381 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31. May 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannes Wickers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 6 *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Pilot

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Emden, Prussia, Germany

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and Number.} S. Wolfert. 136

Cause of Death, First, (Primary,) Pneumonia typhosa

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, 1st Reformed St. Pauls Cemetery

Date of Burial, May 4th 1883.

Undertaker, Wm Nicolaus. William Henkel M. D.,

Place of Business, 268 Aliceanna Address, S. Wolfert. 117 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66382 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1883 BALTIMORE

Date of Death, May 2d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Eagan Egan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 149. N. Caroline St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 4th 1883

Undertaker, Enright & Byrne

Place of Business, 592 Lib[illegible] *Address,* 137. Orleans St

J. E. Grafe M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore.

Permit No. 66383

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 3. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hennessy.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female.

Age, 14 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single.

Occupation,

Birthplace, {State or Country and how long in the United States, if of Foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 133 Saratoga St.

Cause of Death, First, (Primary.) Non appearance of Menses

Second, (Immediate.) Congestion of brain, Convulsions

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty

Date of Burial, May 5th 1883

W. P. Brennan M.D.,
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 & Liberty *Address,* 119 W Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66384 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Tyler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 9 *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 331 Hoffman st

Cause of Death, First, (Primary,) A fall from a wagon

Second, (Immediate,) Meningitis

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 4th 83

Undertaker A. E. Hemsley

Place of Business, 116 Orchard

Chas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 66385 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1883. 2 10 Pm

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalina Koch

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,)

Duration of Last Sickness, 2½ Minutes

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial. May 5th 1883

Undertaker, Geo Saffran

Place of Business, 121 Pennsylvania Ave *Address,*

D. S. Cordery M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No 66386 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R. H. Schnitter

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, Years, 5 Months,

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number,} 446 Fort ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Sphasm

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 6

Undertaker B. Wade

Place of Business, 42 West St.

W. H. R. Ellis M. D.
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CERTIFICATE OF DEATH.

66387 (To be Retained by Physician.)

Date of Death, May 3rd 1883

Name of Deceased, Fritz Leuschner

Sex, Male or ~~Female~~,

Age, 57

Color, White

Occupation, Tailor

Birthplace, Germany

Duration of Residence in B. C., 7 yrs

Place of Death, 287 Lexington St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 yrs

REMARKS.

W. H. Cuno

Western Cemetery

May 5th

B Wells

24 West St

Geo. H. Preston M. D.

~~Medical Attendant.~~

Address, Bd. of Health

WM. J. C. DULANY & CO., CITY PRINTERS.

t Baltimore,

l Statistics. Ward

the presentation of this Certificate, *accurately fill*

our hours after the death of said deceased, or sooner

T A PROPER CERTIFICATE.

DEATH.

Months, Days

Health to secure a full and correct record of he City of Baltimore.

ienever any person shall die in the said city, it shall be the duty r the Coroner, when the case comes under his notice, to furnish ther persons superintending the Burial, a Certificate setting forth l condition (whether married or single) of the person deceased, and of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66388 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1883

Date of Death, May 3rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otis Somerville

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 5 *Days,*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 3 years 10 mos 5 days

Place of Death, {Give street and Number.} Bethel St No 1

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia (Chronic)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, EP

Date of Burial, May 4

Undertaker, Deuhart

Place of Business,

Wm H Norris M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 66389 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kahler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* [illegible] *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 181 S Register St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness,

* All the above information should be furnished by the Physician.

Place of Burial, Cat. Pubs Cemetery

Date of Burial, May 4th 1883

Undertaker, Caspar Eckhardt

Place of Business, 169 Canton Ave

D W Cathell M.

Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No 66390 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 4 1883 BALTIMORE

Date of Death, May 4 83

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Lizzie Kuhlmann

~~*Sex, Male or*~~ *Female,* (Cross out the word not required in this line.)

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ (Cross out the word not required in this line.)

~~*Occupation*~~

Birthplace, (State or country, and how long in the United States, if of foreign birth) Md.

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) 37 h. Haymarket

Cause of Death, First (Primary). Cerebritis

Second (Immediate). Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 6th 83

Undertaker Jos Sauer

Place of Business, [illegible] *Address,*

J Flatten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker employed to bury the said deceased, or to the Sexton of the Burial-ground, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color, place of birth, residence and occupation of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1903 BALT

CERTIFICATE OF DEATH.

Date of Death, May 3 03

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Harmayer

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 16 *Months,* — *D.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 216 Chestnut

Cause of Death, First, (Primary,) Meningitis Tubevc.

Second, (Immediate,) Convulsions

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 4 03

Undertaker, F. J. Elbrand

Place of Business, 711 Broadway *Address,* 1114 Park Ave

J. E. Chatard Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd ~~1st~~ May 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma F. Adams

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country and how long in United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 207 Gough St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Anthemia

Duration of Last Sickness, Over one year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th

Undertaker, Henry Wm. Jones

Place of Business, 5 W. Baltimore

O. F. Leonard M.D.

Medical Attendant.

Address, 345 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Ray Barton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 267 Eden St.

Cause of Death, First (Primary,) Hydro-cephalus

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 6 May

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

G. H. Bolton M. D.
Medical Attendant.

Address 239 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish to the Undertaker or other person or persons superintending the burial, a Certificate within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Respectful Attention is respectfully invited to the Instructions below, and to the [illegible] on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66394 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos Hennecke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 39 Abott St

Cause of Death, First (Primary),

Second (Immediate). Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 5

Undertaker A Pinto

Place of Business,

Geo. H. Benson M. D.
~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. Accompany on Back of this Certificate

Board of Health, City of B—

Permit No. 66395 — Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1883

Date of Death, May 3. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis Sullivan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Laborer,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, {Give street and Number.} 32 Bueu St.

Cause of Death, First (Primary), Cancer, (Epithelioma of Penis)

Second (Immediate), Exhaustion,

Duration of Last Sickness, 2 Years & 6 months,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 6th 1883

Undertaker Joseph F. Byrne

Place of Business, 59 n Gilbert St *Address,* 136 N Eutaw St

J. A. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66396 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May the 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willy Watters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 9 weeks ~~Days~~

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 320 Gross St

Cause of Death, First (Primary),

Second (Immediate), Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May the 4th

Undertaker Mr. Perkins

Place of Business, Emerjette St *Address*

Geo H. Jones M. D.
Medical Attendant
No 6 Aliceth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 66394 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 183

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles P. Rodenmayer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Clerk

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt. City ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 118 S. Lawrence St.

Cause of Death, First, (Primary,) Dyspepsia

Second, (Immediate,) Of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 6 May 4 O'Clock

Undertaker, Jno. R. Carman

Place of Business, 38 Exeter St.

John F. Morrison M. D.,
Medical Attendant.

Address, S. W. Cor. Calvert & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 66398 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Oberbaum

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} 216 S. Eutaw St.

Cause of Death. First (Primary).

Second (Immediate). Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, May 5

Undertaker D. Fitzsimmons

Place of Business,

R. J. H. Gill M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Permit No. 66399

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leighton Hatchett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Franklin St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 5th 1883

Undertaker, Hobo Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 187 N Howard

Richard McSherry M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66400 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Merrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} ~~Widower~~ ✓

Occupation ~~Laborer~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and Number.} 31 East St

Cause of Death, First (Primary),

Second (Immediate) Dr Shenin

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, May 4 1883

Undertaker Hilliard & Sons

Place of Business, 62 East St

Alexander Tinsley M. D.
Medical Attendant.

Address, Irvington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66401 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and Number.} 126 N Dallis St

Cause of Death, First, (Primary,) Acute Pancreatic mitous Nephritis

Second, (Immediate,)

Duration of Last Sickness, About three Weeks

All the above information should be furnished by the Physician.

Place of Burial, May 6 1883

Date of Burial, Evergreen Cemetery

Undertaker, Wilson & Sayers

Place of Business, 62 East Pratt

D W Cathell M. D.,
Medical Attendant.

Address, 2 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66402

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

3 *Years,* 9 *Months,* — *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Va

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Rope walk Alley

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, May 6 1883

Undertaker, N Doss

Place of Business, 95 E Monroe St

Chas. H. Jones M.D.,
Medical Attendant.

Address, 1 S Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66403 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Katherine Longhamel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 14 Dover ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate).

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetary

Date of Burial May 6

James Booley M. D.
Medical Attendant.

Undertaker John P. Paulus

Place of Business, 66 Frederick Ave *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66404 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. O. Koller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation R. R. man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 3 or 4 hours

Place of Death, {Give street and Number.} 125 N. Calvert St. N. C. Hotel

Cause of Death, First (Primary), Second (Immediate) Suffocated by Gas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Glen Rock Pa

Date of Burial, May 5th

Undertaker H. C. Weidefeld

Place of Business, 90 Greenmount Ave *Address,*

Alexander Tinsley *M. D.*
Medical Attendant.

Coroner ?

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66405 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Hardesty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 0 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 37 Moore alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Spasms Lockjaw

Duration of Last Sickness, One Week

the above information should be furnished by the Physician.

Place of Burial, M P

Date of Burial, May 5th

Undertaker A Wechsler

Place of Business,

C. B. Fletcher M. D.
Medical Attendant.

Address, Cor of Front & Bond sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Space Allotted to Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 66406

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 5 1883

Date of Death, April 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. A. Blan Elliott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First, (Primary.) Exposure to Malaria Influence Typhoid Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, April 30 1883

Undertaker, Thos D Hughes

Place of Business, 60 E Balto St

H. H. Thomas M.D.,
Medical Attendant.

Address, 1100 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66407 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gainer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Philadelphia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 3 S. Broadway

Cause of Death, First (Primary), Malnutrition & assimilation, Marasmus

Second (Immediate), asthenia

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1883

Undertaker Jas. McGinnis

Place of Business 13 Bloomfield

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66408 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 163 Penn alley

Cause of death, First, (Primary,) Injury by Horse (to head) & Tetanus

Second, (Immediate,) Internal Hemorrhage

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1883

Undertaker, Jos C. Jones

Place of Business, 41 63 Pratt ave

Robt H. Mifflin M. D.,
Medical Attendant.

Address, 188 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6644 **Office of Registrar of Vital Statistics.** **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 5 1883 BALTIMORE

Date of Death, May 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Meehan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 23 days

Place of Death, {Give street and Number.} 20 Hanover, L. Point

Cause of Death, First (Primary), 1

Second (Immediate) Anaemia & General exhaustion

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 6th 1883

Undertaker M. A. Dauger

Place of Business, 74 S. Bway.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6641 0 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Ernest Dorman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 17 Months

Place of Death, {Give street and Number.} Cor Baltimore & Broadway 8th

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Dropsy

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 5th 1883

Undertaker, Mr. A. Saiger

Place of Business, 74 S. Bway.

E. J. Williams M. D.
Medical Attendant

Address, 8 E. Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66411 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} May A. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 5 W. Chase St.

Cause of Death, First (Primary), Nervous Shock

Second (Immediate), Pneumonia

Duration of Last Sickness, Eighteen days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 6th 1883

Undertaker Lehr & Scriven

Place of Business, 271 W Eutaw St

Wm. Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6471 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1883

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Hormes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 Years, 4 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 53 Virginia St. Mary Home

Cause of Death { First, (Primary.) Diphtheria St. Mary Home
Second, (Immediate.) Diphtheritic Laryngitis }

Duration of last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 5th 1883

{ Undertaker, Geo. F. Scriven
Place of Business, 270 N. Eutaw St

J. F. Montenet M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66413 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7 1155 P M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Gutza

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* 4 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kallenorthein Lachsen Germany

Duration of Residence in the City of Baltimore, About 35 Years

Place of Death, {Give street and Number.} 253 Jefferson Av. Durham

Cause of Death, First, (Primary,) Carcinoma

Second, (Immediate,)

Duration of Last Sickness, About Several Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, May 6. 1883

Undertaker, H. Sander & Son

Place of Business, 202 Caton Ave

James E Emmitt M. D.,
Medical Attendant.

Address, 99 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Circular Below, [illegible] of Distribution [illegible] of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6641/40 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Charles Bourquin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore [illegible]

Place of Death, {Give street and Number.} 1022 E Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate)

Duration of Last Sickness, [illegible]

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 7th

Undertaker E. Schlenker M. D.

Medical Attendant.

Place of Business, 214 Eastern Ave *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6644

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6644 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 6 1883

Date of Death, May 4 / 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mayer Eleeser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and Number.} 23 Penn St.

Cause of Death. First (Primary). Convulsions

Second (Immediate).

Duration of Last Sickness, one week

the above info mation should be furnished by the Physician.

Place of Burial, Prospect Rd Cem.

Date of Burial, May 6 / 83

Undertaker L. B. Cook

Place of Business, 709 E. Balto St

A. R. Frueh M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special attention of Physicians is respectfully invited to the Circular below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6646 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Grace Lancaster.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 5th/83.

Undertaker, Pat. Hunt

Place of Business, Fremont & Mosher

R. H. Goldsmith, M. D., Medical Attendant.

Address, Harlem ave Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66717 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frank.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 1883

Undertaker, Pat. Hurst

Place of Business, Division & Lanvale

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Garden ave. Calhoun

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

For special attention of Physicians in postscript[illegible] to the Returns below, and to Rules on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66718 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1883

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Ettack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 8 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 95 Jefferson St

Cause of Death, First, (Primary,) Strangulation of the bowels

Second, (Immediate,) Inflamation of the bowels

Duration of Last Sickness, About two days

At the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 6 1883

Undertaker, John Zobe

Place of Business, 166 E Pratt St

William J. Inglis M. D.
Medical Attendant.

Address, 195 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 66419 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 5 1883

CERTIFICATE OF DEATH.

Date of Death, May 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Fountain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age 22 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married (?)

Occupation, Washerwoman

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 5 Johns Row

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

At [illegible] should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 5th

Undertaker, [illegible]

Place of Business, 15 Hanover

G. F. Taylor M. D.,
Medical Attendant.

Address, 284 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6420 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5 May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabetta Vileinteen

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 64 *Years,* 4 *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Briedenkopf — Nassau Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 1 Eutaw St 102

Cause of Death,
First (Primary). Consumption
Second (Immediate). Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 7 May 1883

Undertaker S. H. Ohmann

Place of Business, 1 Sharp St

L. E. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Ph

66421

Permit No.

The Physician who attende
to the Undertaker or other per
requested so to do, under penalt

No

CER

Date of Death,

Full Name of Decease

Sex, Male or Female,

Age,

Color,

Married, Single, Widow

Occupation

Birthplace, { State or co
long in the
if of foreign

Duration of Residence

Place of Death, { Give stree
Numb

Cause of Death, { First (
Second

Duration of Last S

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

Date of Death, May 3rd

Name of Deceased, Levi Wilmer

Sex, Male ~~or Female~~,

Age, 19 yrs 9 mo. 3 days

Color, White

Occupation, Clerk

Birthplace, Baltimore

Duration of Residence in B. C. Since Birth

Place of Death, 189 W Fayette St

Cause of Death, { First, (Primary,) Express
Second, (Immediate,) Neurasthenia

Duration of Last Sickness, Two weeks

REMARKS.

No

John E Haugh undertaker

All the above information should be furnished by the Physician.

Place of Burial, Christ Church

Date of Burial, May 6

Undertaker J E Haugh

Place of Business,

Geo. H. Benson, M.D.
Physician in Attendant.

Address Corner of Health

13

accurately filled Out
ceased, or sooner,

Days

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

11

Board of Health, City of Baltimore,

Permit No. 6422

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Alexander Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* ~~Months,~~ ~~Days.~~

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Lanes St.

Cause of Death, {First, (Primary.) Cerebro-Spinal Meningitis (Isolated case)

~~Second, (Immediate.)~~

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 6 1883

Undertaker, McDermott Bro

Place of Business, 9 Mulberry St

Jno. S. Lay *M.D.,*
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66423 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Robertson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

45 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Balt.

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 121 Raborg st

Cause of Death, First, (Primary,) Valvular disease of Heart

Second, (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, May 6 1883

Undertaker, C M Chase

Place of Business, 198 Howard st

Chas. H. Neff M. D.
Medical Attendant.

Address, 306 N. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66424 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. May 4 83

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lemons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 62 E Lanvale St

Cause of Death. First (Primary), Phthisis

Second (Immediate) Pathema

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Dept of

Date of Burial, May 6 1883

Undertaker S Wheeler

Place of Business, 198 Shroeder st

Chas A Booze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ard of Health, City of Baltimore,

Permit No. 6425 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5= 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Bryant

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Fifty four~~ *Years,* Four *Months,* Two *Days.*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and Number.} 203 Barre St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollowell Maine

Date of Burial. May 6th 1883

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st

J. Tyler Smith M. D.,
Medical Attendant.

Address, 221 Barre st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66426 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May the 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Hering

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death. {Give street and Number.} 126 Lancaster St

Cause of Death. First (Primary).

Second (Immediate). Old Age

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, May the 6th

Undertaker Henry Sanders

Place of Business, 258 Canton ave

Geo. W. Dunnet M. D.
~~Medical Attendant.~~

Address, City of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER}

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6642 / *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsah Barnes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 29 Inf Columbus Sts

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Ost

Date of Burial, April 26

Undertaker W Coleman

Place of Business,

Jno. N. Denson M. D

Medical Attendant

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66428 ; *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustav Adolph Schindler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} W Fayette Street 102

Cause of Death, First (Primary), Praematurely born

Second (Immediate), Weakness

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, May 6/83

Undertaker Mr Steinbach

Place of Business, 389 W Balt

Dr J. Reinhard M. D.
Medical Attendant.

Address, 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6629

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5: 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam La Flam

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Broom Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 135 Druid Hill Ave

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate.)

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cemetary

Date of Burial, May 7th 1883

Undertaker, Dietrick Wiegand

Place of Business, 166 Druid Hill Ave

C. L. Williams M.D.,
Medical Attendant.

Address, 201 Brady Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66428 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Sorgeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Ten (10) *Months,* Nine (9) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — — —

Occupation, — — —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 268 Monument Ave

Cause of Death, First, (Primary,) Acute Pneumonia of Entire Cabatl

Second, (Immediate,) Asthenia

Duration of Last Sickness, Twenty Two (22) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 7th 1883

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

J. W. Sloer M. D.
Medical Attendant.

Address, 915 E Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6421 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan He Boston

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty one *Years,* eight *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} 183 N Stricker St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About 15 days, had consumption over 30 yrs

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, May 7th 1883

Elias C Price M. D.
Medical Attendant.

Undertaker Deaver & Mitchell

Place of Business, 561 W Fayette *Address,* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66482 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May the 5th

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Stewart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 207 Alice anna St

Cause of Death,
First (Primary). [illegible] Paralysis Brain
Second (if any).

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmond Cemetery

Date of Burial, May the 7th

Undertaker Leonhard Kurz

Place of Business, 277 S. Bond St

Chas. H. Duncan M. D.
Medical Attendant

Address. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66433 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rebecca Aubach

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 12 *Days*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City. ✓

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 264 W Lanvale St.

Cause of Death, First (Primary), Jaundice.

Second (Immediate),

Duration of Last Sickness, 10 days

the above info mation should be furnished by the Physician.

Place of Burial, Balto Hebrew Cem Balto Co Road

Date of Burial, May 7th 1883

Undertaker W. E. Cullen

Place of Business,

A. B. Shreve M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 66734 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~

Date of Death, May 5, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Brown

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give street and Number.} 22 Division St

Cause of Death, First, (Primary.) Cerebral meningitis

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, May 7, 83

Undertaker, Alf Hemsley

Place of Business,

J. E. Atkinson M. D.
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore.

Permit No. 66433 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, May 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J Shapter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Malta

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 458 Light St

Cause of Death, First (Primary), Dentition

Second (Immediate). Intestinal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto Cem

Date of Burial, May 7th 1883

Undertaker Ambulance Co

Place of Business, 263 Eutaw Address, 411 Hanover St

By [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 66436 **Office of Registrar of Vital Statistics.** **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Nagle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 49 N Chapple St

Cause of Death, First (Primary),

Second (Immediate) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Strathmore

Date of Burial, March

Undertaker Dobrance

Place of Business,

Wm. H. Dunn M. D.
Medical Attendant,

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No 6643 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1898

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Siedler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and Number. } 1288 Hollins St

Cause of Death, { First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 8

Undertaker G. Frank Medical Attendant

Place of Business, Bank & Mott Address 1 S Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6481 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 39 L. Geoff & Al.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 7th 83

Undertaker, Dent & Glaze

Place of Business, 198 Lanvale

B. A. Turner M. D.
Medical Attendant.

Address, 213 David Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66439 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Beha

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 Years, Months, Days.

Color, "Colored"

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and Number.} 125 Dover St.

Cause of Death, First, (Primary,) Disease of the Heart. (Mitral Valve)

Second, (Immediate,) Ex Lama Fever

Duration of Last Sickness, About 2 years?

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 7 1883

Undertaker, [illegible]

Place of Business, 95 Conway St.

A. Nickel M. D.
Medical Attendant.

Address, 720 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Heidy

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 57 *Years,* 6 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer, √

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 25 yrs

Place of Death, {Give street and number} 314 W. Hoffman St

Cause of Death, First, (Primary.) Cirrhosis of Liver

Second, (Immediate,) Debility

Duration of last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8

Undertaker, Walter Emmet

Place of Business, 316 W Biddle St *Address,* 205 W. Biddle St

H. R. Fetterhoff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66441 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1883

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Styles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 13 Jefferson St. Court

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 7th 1883

Undertaker J. J. Pocks

Place of Business, 73 Jefferson St. *Address,* 105 Hanover Ave

Vincent J. Sauer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

6 66442

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 May 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Frid. Waldeck

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 Years, 5 Months, Days.

Color, ~~White~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} Corner of Chew and Chester Sts.

Cause of Death, First, (Primary,) Scarlatina.

Second, (Immediate,) Spasm.

Duration of last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 7. 1883

Robt. Smithson M. D.
Medical Attendant.

Undertaker, John Hennigs

Place of Business, 322 Orleans St. *Address,* 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

FILM

Board of Health, City of Baltimore,

Permit No. 66443 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Miller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 3 *Years,* — *Months,* — *Days*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 7 Years

Place of Death, {Give street and Number.} 353 E. Monument St

Cause of Death, First, (Primary,) Heart Disease (Supposed)

Second, (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Eastern Cemetery

Date of Burial, May 8 1883 Chas W. Morfit M. D.

Undertaker, John Heneweck Coroner E.D. Medical Attendant.

Place of Business, 382 Orleans St *Address,* 67 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66944 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1883

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) Therese Freemanyer

Sex, Male or Female, (Cross out the word not required in this line.) Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) Married

Occupation, Housekeeper

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, (Give street and Number.) 192 Williams St.

Cause of Death, First. (Primary.) Puerperal Fever

Second. (Immediate.) Pneumonia

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, May 8

Undertaker, B. Myers.

Place of Business, 52 West St

Scott Smith M.D.
Medical Attendant.

Address, 281 E. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66445 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1883

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Litz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} 40 Hanover

Cause of death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness, Attended 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, May 6th 84

Undertaker, B. Earle

Place of Business, No. 82 West st

L. B. Facultz M. D.,
Medical Attendant.

Address, 361 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66446 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Duffy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and Number.} No 4 Greases Court

Cause of Death, First, (Primary,) Albuminured Chronic

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 7

Undertaker, W. J. Thacker

Place of Business,

W. O. Pinder M. D.,
Medical Attendant.

Address, 5 E Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6- 83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. B. Feigel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~4 Years 10~~ *Years,* 4 *Months,* 10 *D.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Catonsville Md-

Duration of Residence in the City of Baltimore, 1 Month 18 days

Place of Death, {Give street and number} 423 Saratoga st-

Cause of Death, {First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem 243rd Lot

Date of Burial, May 8 1883 *M. D.*

Medical Attendant.

Undertaker, J. B. Stark

Place of Business, 707 W. Balto Address, 98 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6644 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Spearman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 11 *Years,* — *Months,* — *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 808 S. Charles St

Cause of Death, First (Primary), Caries of the Spine

Second (Immediate), —

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, May 7 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto St

Chas L. Mitchell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore.

Permit No. 66449

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samel Hoffenthal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ( ) *Years,* ( ) *Months,* 21 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 179 W Lexington St

Cause of Death, First, (Primary.) Premature / Birth

Second, (Immediate.) Convulsions

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Loyola R. Cemetery

Date of Burial, May 9

Undertaker, Jacob Ahrens

Place of Business, 31 N Eutaw St

F. Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6645 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAY 7 1883

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian G. Fleischmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Four (4) *Months,* Four (4) *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltic City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No. Stirling Street

Cause of Death, First, (Primary,) Scarlatina & Diphtheritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 7th

Undertaker, Geo Schilling

Place of Business,

J. W. Silver MD D.,
Medical Attendant.

Address, 501 East Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66457 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th. May 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Lockal

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Posen, Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and Number.} Thames Street 32.

Cause of Death, First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, May 8

Undertaker, H. Hergins

Place of Business, No. 8 Central ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & Ill.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66452 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ernest Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* D

Color, White

~~Male, Female or Widow~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 258 N. Calhoun St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) 4 7

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comty

Date of Burial, May 9th 1883

Undertaker, A. Rosenberger

Place of Business, 30 Mulberry

Thomas O'Bie M. D.
Medical Attendant.

Address, 39 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66453 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 - 8.53

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm McSorley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia 26 years

Duration of Residence in the City of Baltimore, City Hospital

Place of Death, {Give street and Number.} Abscess of Prostate

Cause of Death. First (Primary), Surgical Kidney

Second (Immediate). 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ea

Date of Burial, May 7

Undertaker Wheeler

Place of Business,

H. B. Cleaveland M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 — "83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Russia or Poland

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} 50 Market Space

Cause of Death, First (Primary,) Extensive burn from coal oil (accidental)

Second (Immediate,) Exhaustion

Duration of Last Sickness, Short days

All the above information should be furnished by the Physician.

Place of Burial, Russian Evangregetical Ass. Alexander Hill, *M. D.*

Date of Burial, May

Undertaker, J. Asher

Place of Business, North Ky st. *Address* [illegible]

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6645 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Brayden Randle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 Months 7 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 70 E. Brookard St.

Cause of Death.

First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, 6

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, May 7, 1883

Undertaker M. A. Dwyer

Place of Business, 74 S. Bway

W. Reuther M.D.
Medical Attendant.

Address 217 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66436, *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT MAY 7 1883

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents...} Elizabeth Jackson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 3 Forrest

Cause of Death, First (Primary).....

Second (Immediate) Old age

Duration of Last Sickness, 3 or 4 wks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 8/1883

Undertaker Morgan & Pye

Place of Business, 9 Mulberry

Geo. K. Denson M. D.

~~Medical Attendant~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo K Denson M.D. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

Board of Health, City of Baltimore.

Permit No. 66457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Gunther

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 30 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 428 Eutaw Place

Cause of Death, First, (Primary.) Chronic Internal Otitis

Second, (Immediate.) Inflamation of Brain

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem

Date of Burial, May 8th 1883

Undertaker, Wm Spencer & Sons

Place of Business, Park & Saratoga

Reggie Bicklen M.D.,
Medical Attendant.

Address, 135 N Calvert st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66458 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Male child of Edward & Jane Lamb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 12 hours

Color, White

Married, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

Occupation, White

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 252 N. Gilmor St

Duration of Residence in the City Baltimore,

Place of Death, {Give street and Number.} 252 N. Gilmor

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 6th

Undertaker, P. B. Shields

Place of Business, 57 Frederick ave

Chas. W. Fiser M. D.
Medical Attendant.

Address, 160 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore.

Permit No. 66469 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1903

Date of Death. May 6 1883

Full Name of Deceased. (Write legibly and spell correctly. If an infant not named, give names of parents.) William Eckel

Sex, Male or Female. (Cross out the word not required in this line.)

Age. 38 *Years.* — *Months.* — *Days.*

Color. White

Married. ~~Single, Widow or Widower.~~ (Cross out the word not required in this line.)

Occupation Laborer

Birthplace (State or country, and how long in the United States if of foreign birth.) Germany 11 years

Duration *Residence in the City of Baltimore,* 101 Cambridge St

Place of Death (Street and No.)

Cause of Death First (Primary). Morbus Addisonii / Bronzed skin

Second (Immediate). Marasmus / paralysis

Duration of last Sickness 4 weeks

Where was disease contracted, if not in this City?

Was Burial Permit issued by the Physician? Yes

Date of Burial May 8th 83

Name and Residence of Undertaker H. C. Sanderlin

Place of Business 262 Canton *Address,* 265 S. Baltimore

Jutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6646 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1883

Date of Death, May 6 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Herbst.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One day.

Place of Death, {Give street and Number.} Bells City Hospt.

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, May 7th 1883

Undertaker H. C. Saunders Son

Place of Business, 232 Eastern *Address,* City Hospt.

J. W. Bowers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66461 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Morgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's City Md

Duration of Residence in the City of Baltimore, Quest ion

Place of Death, {Give street and Number.} 43 Guilford Alley

Cause of Death, First, (Primary,) Bronchitis,

Second, (Immediate,)

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7

Undertaker, H. Ross

Place of Business, 95 Aisquith St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
77 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 66462 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celie Marsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 14 Dent Alley

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Coma

Duration of Last Sickness, about five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 7th 1883

Undertaker, John Thacher

Place of Business, No 150 Lamon St

Address, Southern Dispensary

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FORM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6646 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pinkney Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 2 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} # 329 N Carolina st

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 9th 1883

Undertaker, Perrin & Buttfield

Place of Business, 64 S Broadway

Geo. H. Nathurst M. D.,
Medical Attendant.

Address, # 305 N Carolina st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66467 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Stran Cochran

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Three Years, one Months, Seventeen Days.

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ~~During life~~

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 357 Druid Hill Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate.) Acute Hydrocephalus

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 8th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Elias le Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66465 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Healy

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 127 North 4

Cause of Death, First, (Primary,) Diphtheria (Diphtheritic croup asphyxia)

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8th 1883

Undertaker, James McGinnis Co

Place of Business, 150 Saratoga St

D. Smith M. D.,
Medical Attendant.

Address, 143 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66460. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *earlier* requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Co J Dickey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 37th Canton ave

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls

Date of Burial, May 7

Undertaker W McClane

Place of Business,

Geo. N. Davidson
Medical Attendant.

Address, 8 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66461 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 9 1883

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Cecil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and Number.} 524 Williamson St

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,)

Duration of Last Sickness, about five week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 8th May 1883

Undertaker, Geo. W. Perkins & Co.

Place of Business, 120 Henrietta Address,

Julius Hall M. D.,
Medical Attendant.

Southern Dispensary
7 W Hill [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 66468

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Healy

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* ____ *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City White Female Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 320 S. Paca St.

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.)

Duration of Last Sickness, 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 8th May 1883

Undertaker, Geo. Leinbach

Place of Business, 384 W. Pratt St *Address,* 106 Columbia

R. C. Smith M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7, '83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Connell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years~~, 19 *Months,* 4 ~~Days.~~

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ss Boyd st

Duration of Residence in the City of Baltimore, Since Date of birth

Place of Death, { Give street and number } Ss Boyd st

Cause of Death, { First, (Primary) Diphtheria / Second, (Immediate,) Asphyxia

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 8th '83

Wm A. Jones M. D.
Medical Attendant.

Undertaker, Matthew Corrigan

Place of Business, 227 Lombardy St. *Address,* 326 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Board of Health, City of Baltimore,

Permit No. 66478

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1883 BALTIMORE

Date of Death, May 7 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Avick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 11 *Months,* 11 *Days.*

Color, White

~~Married~~ ~~Single~~ ~~Widow or Widower~~. {Cross out the word not required in this line.} Widr

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 20 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Bounty Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmal.

Date of Burial, 9th of May.

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline st *Address,* 1, S, Exeter St.

Frank G Moyer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 6641

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

Board of Health, City of Baltimore,

Permit No. 66411 *Office of Registrar of Vital Statistics.* **Ward**.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bugel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years.

Place of Death, {Give street and Number.} 194 S Durham

Cause of Death, First (Primary), Liver disease

Second (Immediate), Jaundice —

Duration of Last Sickness, 10 Months

the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 8th of May.

Undertaker Fred Gaede.

Place of Business, 29 S. Caroline *Address,*

A A Gould M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66472 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lang

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 30 *Years,* 1 *Months,* 21 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 307 N. Durham St.

Cause of death, First, (Primary,) Chronic ulcerative Laryngitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 8 th 1883

Undertaker, Adam Sink

Place of Business, 461 N. Gay St

A Strickler M. D.,
Medical Attendant.

Address, 1126 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66473 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 5 P.M. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Anna Hodges

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 165 S Ann St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 9th 1883

Samuel E Dorsey M. D.,
Medical Attendant.

Undertaker, H. Saunderson

Place of Business, 252 Eastern Av Address, 297 E Baltimore St

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66474 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Pulz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 18 *Years,* *Months,* 9 18 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 1 1/2 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Tysons Chemic Works Block &

Cause of Death, First, (Primary.) Accidentally fell from a wagon while in a fit Sp[illegible] & received a

Second, (Immediate.) Concussion of the Brain

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, May 8

Undertaker, B Hartle

Place of Business, West St 82

Dr. A. M. Markt M.D.

Coroner's Medical Attendant.

Address, 62 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66475 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Car Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, {Give street and Number.} University Hospital

Cause of Death. First (Primary),

Second (Immediate). Front Ulcer

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th 1883

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Alexander Tinsley *M. D.*

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66476 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7/88.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie V Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* ——— *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 72 Carlton Ave

Cause of Death,
First, (Primary,) ———
Second, (Immediate,) Bronchitis

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel P. G. Co. B & O R R

Date of Burial, May 8' 1888

Undertaker, J. B. Cook

Place of Business, 507 W. Balto St *Address,* Barn Ave

Glen Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

Permit No. 6647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. MAY 8 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harold A. Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 53 Monroe

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 8th 1883

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

Jno. S. Kolizday M.D.,
Medical Attendant.

Address, Carroll Co. Md.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franklin Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age about 90 Years, Months, Days.

Color, Negro Sex,

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co. Md

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} No. 5 Hopkins Alley

Cause of Death, First (Primary,) Said to be old age

Second (Immediate,) " " " Exhaustion

Duration of Last Sickness, " " " about eight days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, May 9th 1883

Undertaker, Morgan & Eye

Place of Business, Mulberry St

Wm Glenn M. D.

for S. K. Merrick M. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66479 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David W Bethany

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 65 Elwell St

Cause of Death, First (Primary), Pertussis with Catarrh

Second (Immediate),

Duration of Last Sickness, 3 months

All the above info matter should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 9th 1883

Undertaker Henry H Mitchell

Place of Business, 65 S Broadway *Address,*

C. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16480 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward R. Hartlegale

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 9 *Years,* 3 *Months,* 21 *Days*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 94 Parkin St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 8th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St

Jas. H. Dunn M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66487 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May the 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Eleanora Harmon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life thime

Place of Death, {Give street and Number.} 135 Iceland St

Cause of Death, First, (Primary,)

Second, (Immediate,) Comptsumtion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May the 8th

Undertaker, Carruss Ross

Place of Business, Cor Paca & Conway

Chas. F. Dennis M. D.

Medical Attendant

Address, Com of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6648 2 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rebecca Williams

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 13 Philpot al

Cause of Death, First (Primary), Diptheria mild form

Second (Immediate), Bronchitis Scrofula Child

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9 1883

Undertaker Charles A White

Place of Business, Greenmount Ave *Address,* 735 E Pratt St

Geo. L Kinnemon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66463 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 10 Beaufort St.

Cause of Death,
First (Primary),
Second (Immediate) Cerebro Spinal Meningitis
Chronic

Duration of Last Sickness,

All the above info. matter should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 1883

Undertaker D. M. Chase

Place of Business, 198 S. Howard

L. M. Hall M. D.
Medical Attendant.

Address, 962 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (over.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66484 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wales

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 269 Mc Donough St.

Cause of Death,
First (Primary),
Second (Immediate) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial Woodlawn Cem

Date of Burial May 8 1883

Undertaker V Ross

Place of Business, 936 Monroe St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66485 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1883 BALTIMORE

Date of Death, May 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Busch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2d Josephs Asylum

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St James Cem.

Date of Burial, May 8th 83

Undertaker, G Frazer

Place of Business, Park & Wolfe

Chas J Baker M. D., Medical Attendant.

Address, 188 Hanover S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reports Below, and to List of Diseases on Back of this Certificate.

4

Board of Health, City of Baltimore,

Permit No. 66486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Callander

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 17 Albemarle

Cause of Death, First, (Primary.) Arthritis

Second, (Immediate.) Dyspnoea

Duration of Last Sickness, 15 Mo

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 10th

Undertaker, Geo Schilling

Place of Business, &

W P M Stark M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6648 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May the 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} The infant of James and Maggie Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 3 King St Court

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, FP

Date of Burial, May 8

Undertaker, S Weckmer

Place of Business, ...

Geo. A. Dixon M. D.,

~~Medical Attendant.~~

Address Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 66488 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 C 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 May 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Frank Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 12 S. Frederick St.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), —

Duration of Last Sickness, 2 Days

the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, May 9th

Undertaker C. F. Shaw

Place of Business, 62 & 64 W. Balto St *Address,* 57 Livingston

C. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6648 E. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 8 93

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Newton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days* 1

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 322 Montgomery St

Cause of Death, First (Primary),

Second (Immediate) Small Pox

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 9

Undertaker J. Ross

Place of Business,

Geo. W. Brown M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66490 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Luther

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, abt 75 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~ Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 30 years

Place of Death, {Give street and Number.} 272 S Bond Street

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial St Michaels

Date of Burial, May 9

Undertaker, J. H. Hinds

Place of Business,

Chas. H. Wright M.D.

Corner Eden & Bond Medical Attendant.

Address, 607 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6641 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } unknown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days,* 1

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } unknown

Occupation, —

Birthplace, { State on country, and now long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } In the water Cor Light & Pratt Sts

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Drowned

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Ey

Date of Burial, May 8

Undertaker, G Rueckert

Place of Business,

H. Connolly M. D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66492 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mollie Knight

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 44 27 *Years,* *Months,* *Days.*

Color White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} White Plains Virginia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and Number.} 522 N. Charles

Cause of Death, First, (Primary,) Uterine Cancer

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 9th

Undertaker, B. Mullen

Place of Business, 52 N. St.

E. K. Tilly M. D.
Medical Attendant.

Address, 58 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66493 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Barbara Daub.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and Number.} 473 Gay St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Chronic Pneumonia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 10 1883

Undertaker John W Jackson

Place of Business, Gay & Caroline *Address,* Cor. Arlington Ave & Pratt

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6647 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer J Stewart

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 2 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} √

Occupation Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lynnwood Co Md

Duration of Residence in the City of Baltimore, 24 yrs —

Place of Death, {Give street and Number.} 280 N Eden

Cause of Death, First (Primary), Age —

Second (Immediate), ~~Gastro Enteritis~~

Duration of Last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, E New market

Date of Burial,

Undertaker John E Haupt

Place of Business, 320 Penna av *Address,* 188 W Hyndes

Wm H Cunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66495 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gaines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 170 S Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Malignant Scarlet fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 9th 83

Undertaker, C. F. Krause

Place of Business,

J. C. Burch M. D.
Medical Attendant.

Address, 157 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Called to Rules...

Board of Health, City of Baltimore.

Permit No. 66496 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 ? 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Lurin

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 16 *Years,* — *Months,* *Days*

Color White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Servt

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 7 months

Place of Death. { Give street and Number. } 109 N. Exeter

Cause of Death { First (Primary), Cartatoma maligne

Second (Immediate). Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial. The 9 of May

Undertaker J. A. P. Paulus

Place of Business, 66 Fredrick Ave *Address,* 248 S. Athmore ave

J. Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Lynch.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 Years, 4 Months, [illegible] Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 55 Centre Market

Cause of Death { First, (Primary.) Scarlatina
Second, (Immediate.)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, May 10

Undertaker, P. Owens

Place of Business, 651 W Pratt St

J. W. P. Dales M. D.
Medical Attendant.

Address, 1 1/2 So. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6649 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give names of parents.} Sophia Warner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Canton

Cause of Death, First (Primary) Cerebral Hemorrhage

Second (Immediate)

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Balto. City

Date of Burial, May 9 1883

Undertaker Harden & Son

Place of Business 202 Aisquith St

Address

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 66499. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Pellinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 20 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 226 Caroline

Cause of Death,
First (Primary), Bronchitis and Diarrhoea.
Second (Immediate), Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem.

Date of Burial, May 9. 1883

Undertaker Jno. Saunders & Son

Place of Business, 252 Central Ave. *Address,* 77 So. Broadway

P. L. Pierce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to Remarks Below, and to List of ...ases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66500 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon thereafter as requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Aloys George Schmuck

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Widower

Occupation, Tinsmith

Birthplace, { State of country, and now long in the United States, if of foreign birth. } Germany 35 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 41 Hanover

Cause of Death, First, (Primary,) Head disease

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, May 10/83

Undertaker, Wm Bartlett

Place of Business, 3 N. Eutaw

H. Y. Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66301 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ryder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, 20 Days

Color White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 21 E Eutaw St

Cause of Death, First, (Primary,) Scarlatina & Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Four Days

All the above Information should be furnished by the Physician.

Place of Burial. Old Town

Date of Burial. May 9th 1883

Undertaker, Henry Stock

Place of Business, 8 & 9 N Central Address, 21 E Eutaw St

W Slaver M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66902 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Sanderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 10 *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} No 199 Burgundy Alley

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Stomach Hemorrhage

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9th 1893

Undertaker, C. Volkmann

Place of Business, 200 E. Pratt St.

Jno. A. Blake M. D., Medical Attendant.

Address, 168 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66503 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 9 1 1883 BALTIMORE

Date of Death, May 8th 1883.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Brinkman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} ~~405~~ N. Fayette St.

Cause of Death, First (Primary).

Second (Immediate). Pulmonary Tuberculosis

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th

Undertaker H. C. Stoll

Place of Business, 131 Hanover *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66504 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Winter

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 471 N Bond St.

Cause of Death,
First (Primary).
Second (Immediate). Meningitis - Infl

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 10

Undertaker Jos H Weeks

Place of Business, 717 E Pratt St

H Ellis M. D.
Medical Attendant.

Address, 188 Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] is invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13 Board of Health, City of Baltimore,

Permit No. 66505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl E Hook.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 4 Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 524 Lexington st

Cause of Death {First, (Primary,) Acute Cerebral Meningitis

{Second, (Immediate,) Convulsions 4 Coma

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 9th 1883

Undertaker, Cox & Boal

Place of Business, No 707 N Baltimore street

John D Lemmington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66506 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9.1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert L Randall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Hotel-Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} State of ~~Virginia~~ New York

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and Number.} No 6 N Eden, St

Cause of Death, First (Primary), Complications of Diseases.

Second (Immediate), Chronic Gastritis & Kidney Disease

Duration of Last Sickness, 6 or 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Tecumseh Michigan

Date of Burial, May 10th or 11th

Undertaker Jas C Byrne

Place of Business, 63 Gwynn

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6650 7 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Sater (mother)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Few Hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 63 Stockton St

Cause of Death, First (Primary), Unkl

Second (Immediate), Died at hands of Mother

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wel. Sub Cemty

Date of Burial, May 5 1883

Undertaker Fred A Kuehnel

Place of Business, 50 S Carrollton

Edward L Tinley M. D.

Medical Attendant

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66608 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berkley G Heller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 5 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 185 Scott St

Cause of Death, First, (Primary,) Central Congestion

Second, (Immediate,)

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W Va

Date of Burial, May 10th 1883

Undertaker, C H Blizzard

Place of Business, 198 Penna ave

Jno D Blake M. D., Medical Attendant.

Address, 168 Scott

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66509 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie C Burnham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and Number.} 138 Dolphin st

Cause of Death, First (Primary). Acute necrosis of Superior

Second (Immediate). maxillary bone

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th 1883

Undertaker Denny & Mitchell

Place of Business, 530 W. Fayette St *Address,* 206 E Pratt st

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

To Special Attention of Physician... Questions as Below, and on Other Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66510 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883

CERTIFICATE OF DEATH.

Date of Death, May 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie W. Nail

Sex, ~~Male or~~ Femal, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* 10 *Days,*

Color, White

~~Married~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Back

Duration of Residence in the City of Baltimore, Ayther life

Place of Death, {Give street and Number.} N. 316 Eden St

Cause of Death, { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of Last Sickness, 2 Months

At the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 10, 1883.

Undertaker Wm. H. Stuckman

Place of Business, 234 N. Gay St.

Thomas Shearer M. D.,
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66511 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Flannigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 584 N Brush

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, May 9

Undertaker J Bleech

Place of Business,

Geo. R. Fraser M. D.

Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6672 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 9 1 1883 BALTIMORE

Date of Death, May 8th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Hutton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 31, Pier Lemon Row

Cause of Death, First (Primary), Accidental by falling from a scaffolding of Shed - 2 Pier 31

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, May 10, 1883

Undertaker M. A. Daiger

Place of Business, 74 S. Broy

L. A. Beer M. D.

~~Medical Attendant~~ Coroner 3d Dist

Address, 161 E. Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66573 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1 1883

CERTIFICATE OF DEATH.

Date of Death, May 1st 1883

Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Mc Neal

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Domestic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 952 Cornelia St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 yrs

the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, May 10, 1883

Undertaker H. W. Darger

Place of Business, 74 S. Bway

M. D.

Medical Attendant.

Address, 814 Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special ... Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 66314 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

UNITED STATES MAY 9 1883 HEALTH DEPARTMENT

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Ott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 108 Eastern Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Hydrocephalus.

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th 1883

Undertaker, Peter Frey

Place of Business, 41 Estern Av

Nicholas L. Dashiell & M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible] to see Permit issued, in all Cases, Accompany the body to its Destination. Back of this Certificate.

Board of [illegible] Baltimore,

Permit No. 6616 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or account, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 th - 1883 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Magdalena Müller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* 26 - *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} No 37. O. Donnell st

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, M. Carmel Cem

Date of Burial, May 10. 1883

Undertaker, H. Sander Son

Place of Business, 10 [illegible] *Address,* 92 Jackson Place

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6656 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} F. H. Schmalenberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Acute Nephritis

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Mt Evangelic L. Cem

Date of Burial, May 10 1883

Undertaker [illegible]

Place of Business, [illegible]

Ralph Stuart M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Permit No. 66617

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Waters

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 4 weeks

Place of Death, {Give street and number.} 25 McCulloh Street

Cause of Death, First, (Primary.) Cirrhosis of the Liver

Second, (Immediate.) Uremic Dropsy

Duration of Last Sickness, About 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Gaithersburg Md

Date of Burial, May 10th 1883

Undertaker, EWART & MOWEN, 26 Park Ave.

Place of Business, 26 Park Ave. EWART & MOWEN, UNDERTAKERS

M.D., Medical Attendant

Address, 146 Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66518 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dawson Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Yeare,* 8 *Months,* 12 *Days.*

Barman

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 203 S. Durham St

Cause of death, First, (Primary,) Supposed Tumor of Brain (Syphilitic)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Country

Date of Burial, May 9th 1883

Undertaker, R. J. Lucas

Place of Business, 173 Jefferson

Whitfield Winsey *M. D.,*

Medical Attendant.

Address, 1 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66619 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Hug

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 67 *Years,* — *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Larchmont County Md

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and Number. } 253 Park Ave

Cause of Death, First, (Primary,) Typho-Malaria

Second, (Immediate,)

Duration of Last Sickness, Two weeks reported - I saw her three times

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 10th May

Undertaker, Samuel W. Chase

Place of Business, 198 Howard St

J. T. McMillan M. D.
Medical Attendant.

Address, 257 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66320 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Whalen

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~66~~ 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wagoner

Birthplace, {State or country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 140 Mc Henry st.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, 10th May

Undertaker, Matthew Cadogan

Place of Business, 227 Thirbury

C. O'Donovan Jr. M.D.
Medical Attendant.

Address, 115 W. Monument st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 66521 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 S Green St

Cause of Death, First (Primary),

Second (Immediate). Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Br Elen

Date of Burial, May 10

Undertaker Morgan & Pye

Place of Business,

Geo. H. Dunn M. D.

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children." [OVER.]

Board of Health, City of Baltimore.

Permit No. 6662 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Fuchs

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 Years, Months, Days.

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 228 N. Central Ave

Cause of Death, First (Primary). Emphysema pulmonum

Second (Immediate). Hydrops

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. James Ch

Date of Burial, May 10 1883

Undertaker Henry Stoeckl

Place of Business, 309 N Central Ave Address, 245 S. Bond st

J. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special attention is especially invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66523 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant yet unnamed, give names of parents.} Kate Karle

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (30 yrs in Am)

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 10 1883

Undertaker, James P Byrne

Place of Business, No 63 W Fremont St

Oscar F. Cookson M. D., Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66624 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William & Eliza Wright Not named

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 237 S. Eutaw St.

Cause of Death, First (Primary), ...

Second (Immediate). Atelectasis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 10 1883

Undertaker N. Ross

Place of Business, 95 & 97 Hanover St *Address,* 262 Sharp St

X. M. Hall M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66525 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Day*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 39 W Fayette St

Cause of Death, First (Primary). Convulsions

Second (Immediate). Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baptist Cemetery

Date of Burial, May 10 1883

Undertaker H. Ross

Place of Business, 95 E Monument *Address,* .....

C. E. Kemp M. D.
Medical Attendant.

216 N Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66526 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julian Rost

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Abt 23 years

Place of Death, {Give street and Number.} 325 Durham St

Cause of Death, First (Primary), Heart Disease (Supposed)

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, May 11th 83

Undertaker G. Frank Conner

Place of Business, Frank & Wolf *Address,* 6 E Baltimore

Chas M Noah M. D.
Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66527 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Gosnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Fireman & Stationary engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and Number.} 689 Light St

Cause of Death, First, (Primary,) Hip joint disease

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Ten days —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May the 10 1883

Undertaker, H Rohde

Place of Business, 48 Penna Ave

B. F. Phillips M. D.,
Medical Attendant.

Address, 327 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children, [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66328 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Laturgey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Ship Owner & Manager

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Summerside — Prince Edward Island 16 days

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give street and Number.} 2668 Broadway

Cause of Death, First, (Primary,) Cerebral Embolism

Second, (Immediate,) Cerebral Intracranial Hemorrhage

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Summerside, Prince Edward Island Canada.

Date of Burial, May 1883

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St.

D. Streett M. D.
Medical Attendant.

Address, 148 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 66629 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~correctly filled out~~ to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 10 1913 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and Number.} 2655 Fremont St.

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 10 1913

Undertaker H S Whitacre

Place of Business, 92 S Howard St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharpe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66520 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucia Ann Bowen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 4 *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Harford Co. Md ✓

Birthplace, {State of country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Fifteen (15) Years

Place of Death, {Give street and Number.} 114 Boyd St.

Cause of Death, First (Primary), Chronic

Second (Immediate), Hemorrhage

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 11/883

Undertaker J. 12, Coak

Place of Business, 707 E Balto St.

A. L. Shaw M. D.
Medical Attendant.

Address, 89 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66331 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Lincoln

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 24 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 122 S. Pratt Street

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Dentry & Uraemia

Duration of Last Sickness, 22 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 11th 1883

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 845 W. Lombard St

A. A. Colburn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 66532 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry E Reuhl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age 6 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 141 N Pond St.

Cause of Death, First (Primary), Scarlatina.

Second (Immediate),

Duration of Last Sickness, 5 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10 1883

A. K. Arnold M. D.
Medical Attendant.

Undertaker John Heaney

Place of Business, 382 Orleans *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66533 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY
1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carroll Cunningham

Sex, Male or Female, {Cross out the word not required in this line.}

44 *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line,}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 193 Bolton St

Cause of death, First, (Primary,) Cerebritis

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 11th 1883

Undertaker, Henry A Butchett

Place of Business, 665 S Broadway

Carroll Hamilton M. D.,
Medical Attendant.

Address, 193 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beckey Bailey

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* *Months,*

Color Col'd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 60 N Dallas St

Cause of Death { First, (Primary,) Erysipelas
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 11th 1883

Undertaker, Henry & Mitchell

Place of Business, 63 S Broadway *Address,*

J. N. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66636 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bangel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* 14 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 150 N. Caroline St

Cause of Death,
First, (Primary,)
Second, (Immediate,) Consumption

Duration of Last Sickness, Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 11th

Undertaker, W J Leppel

Place of Business,

Nicholas L Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over]

8

Permit No. 66586

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCotter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 25 Chestnut

Cause of Death, First, (Primary.) Remittent Fever

Second, (Immediate.)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, May 10th 1883

Undertaker, James O'Byrne

Place of Business, 63 Fleet

E Hall Rutledge M.D.
Medical Attendant.

Address, 151 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 66537 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jan Byers

~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 138 W. Madison St

Cause of Death, First (Primary),

Second (Immediate) Burns

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Marys R.C.

Date of Burial, May 13th 1883

Undertaker Alex B Hendley

Place of Business, 116 Orchard

Alexander Tinsley M.D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 66538 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 9 — 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Sigmund

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 226 Argyle Ave

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Jan 10

Undertaker, John C. Boughgate

Place of Business, ... *Address,* .....

E. F. Couch *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6639 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ina Hucht

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 5 *Months,* 11 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 5½ years

Place of Death, {Give street and Number.} 147 N. Fremont St

Cause of Death, First (Primary), Heart disease

Second (Immediate), and Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 10

Undertaker L Davis

Place of Business,

Thomas Sappington M. D.
Medical Attendant.

Address, 70 Courtland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Accompanying Notice, and to Rule [illegible]

Board of Health, City of Baltimore,

Permit No. 66548 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Finley

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, ... *Years,* 7 *Months,* 1 *D*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 442 N. Vincent Alley

Cause of Death, First (Primary), Varicella

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 10/83

Undertaker Jordan

Place of Business, Medbury *Address,* Cor Gay & Aliceanna

Geo. H. Dawson M. D.
Medical Attendant
Cor Gay & Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66541 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 98 Smith St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 10 1893

Undertaker H. Boss

Place of Business, 95 Conway St *Address,* 210 Harper St.

E. W. Borge M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

...ian will make returns of all ...ths whence ... Saturday of each week.

No. 66542

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Di... on Back of this Certificate.

Board of Health, City of Baltimore

Permit No. 66542 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis DeRonceray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Lithographer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Seriously Hospital

Cause of Death, First (Primary), Wound of Throat

Second (Immediate), Hemorrhage

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 11th 1883

Undertaker Undertaker & Sons

Place of Business, Park & Saratoga *Address,* Corner

Alexander Finley M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full ~~name, sex, age and condition (whether married or single) of the person deceased, and the cause and~~ date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit N. 6543 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Cert. *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de. if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 10 1883 BALTIMORE

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Craig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, and how long in the United States if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} 297 North Dallas St

Cause of Death, First, (Primary,) Burnal Rate

Second, (Immediate,) " Peritonitis

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial. Balto Co Md

Date of Burial. May 11 1883

Undertaker, J W Jackson

Place of Business, Orleans & Caroline

J. W. Slocet M. D.

Medical Attendant.

Address, 1501 Eastern Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66544 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 89 Williamson St

Cause of Death, First, (Primary,) Chronic Diarrhea

Second, (Immediate,)

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11. 1883

Undertaker, Chas A White

Place of Business, 35 Granby St

Jules Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66545 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Groh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days,*

Color, col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Shr Va

Duration of Residence in the City of Baltimore, Dec Jan

Place of Death, {Give street and Number.} 89 Booth st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Laurel st cemetery

Date of Burial, May 11th 1883

Undertaker, Michael Bunge

Place of Business, 62 East st

Dr. Huff M. D., Medical Attendant.

Address, 320 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 66544 *Office of Registrar of Vital Statistics,* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 - 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} No 4 Paris Alley

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Shark St cemetery

Date of Burial, May 12th 1888

Undertaker Wm A Dunn *John J. Cullen M. D*
Medical Attendant.

Place of Business, 62 E Ost. St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th may at 12 o'clock a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 43 Paca St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 43 Paca St.

Cause of Death { First, (Primary,) Water on Brain
Second, (Immediate,) .....

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Harp st cemetery

Date of Burial, May 10th 1883

Undertaker, Wm J Burns

Place of Business, 62 East Lee

C. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6654 ; *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Hickerson

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, / *Years,* / *Months,* *Days* V

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 97 Columbia St

Cause of Death, First (Primary),

Second (Immediate). Scrofula

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 10

Undertaker Geo W Perkins

Place of Business,

Geo. W. Brown M. D.
~~Medical Attendant.~~

Address, Com. & Scott

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

66549

Board of Health, City of Baltimore.

Permit No. 66549 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883

CERTIFICATE OF DEATH.

Date of Death, May 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Mules

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} /

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 5 Weeks

Place of Death, {Give street and Number.} 48 Roudaco

Cause of Death, First (Primary),

Second (Immediate) Paralysis of the Bowels

5 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial,

Undertaker K H Beltler

Place of Business, Cumberland Md

Theodore Cotta M. D
Medical Attendant.

Address, 116 Harrison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

2944

Board of Health, City of Baltimore,

Permit No. 66550 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bisack.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 9/83

Undertaker, Pat Hunter

Place of Business, Irwin & Jones

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66667 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Catherine Deinhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 20 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 Camden St.

Cause of Death,
First (Primary), Membranous Croup
Second (Immediate), Asphyxia

Duration of Last Sickness, 1 day

All the above info mation should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 11th.

Undertaker F. H. Doll

Place of Business, 413 Hanover St

Wm Gombel M. D.
Medical Attendant.

Address, 1705 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66552 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H Kain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 46 South Exeter St

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 11th 1883

Undertaker, Coolahan Evans

Place of Business, Valley & Eager Address, 429 Aisquith St

David F Powell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66653 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. Morgan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and Number.} 161 So Howard St

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Diarrhoea

Duration of Last Sickness, Eight or 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 10 1883

Undertaker W H Chase

Place of Business, 198 Howard St *Address,* 161 So Sharp St

Dr J Bell M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

Permit No. 66564

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 11 1883
BALTIMORE

CERTIFICATE OF DEATH

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin H Patrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 244 N. Carey St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, May 12/83

Undertaker, Benj. Mitchell

Place of Business, 635 S Broadway *Address,* Chas. V Northam

J. N. Scarff M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66555 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wolf Lyman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Merchant Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria 40 year.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 89 E. Balt. St.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate). Exhaustion

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Edm. St. Cemetery Phila Road

Date of Burial, May 11. 1883.

Undertaker Weis & Mc. Gunnis

Place of Business, E. N. Central Av.

Edward P. Smith M. D
Medical Attendant.

Address, 57 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66536 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie C. Reichard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 30 Warren Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Obstruction Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, May 12

Undertaker [illegible]

Place of Business, [illegible]

Resides 60 Lee M. D.
Medical Attendant.

Address, 120 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore.

Permit No. 66557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Thomas

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 23 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbot Co, Md.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 53 Stockton Alley

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate.)

Duration of Last Sickness, 2 Days 10 hrs

All the above information should be furnished by the Physician.

Place of Burial, Cabo

Date of Burial, May 11

Undertaker, Davis

Place of Business,

N. S. Bitting M.D.,

Medical Attendant.

Address, 467 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66538 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Nyman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* 1 *Months,* 2 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 372 Collington St

Cause of Death, First (Primary). Apoplexy

Second (Immediate). Coma

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th

Undertaker Geo Schilling

Place of Business, *Address,* E Baltimore Corner Collington St

A Polson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66559 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Dautz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 15 Months, Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Emory Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Diptheria

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, May 12 th

Undertaker, C. F. Ran

Place of Business, 62½ W. Balto. st.

J. Frank Maitent M. D.,
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Adams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Retired Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Leicester Massachusetts

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 138 W. Madison ave

Cause of Death, {First (Primary,) He was dying from Asthenia due to the Second (Immediate,) infirmities of old age, when he took fire and he was probably suffocated by the smoke

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. E. Sinclair M. D.

Date of Burial, May 12th 1883 Medical Attendant.

Undertaker, J. Loritz *Address* 16 Park ave.

Place of Business, # 156 W. Madison St "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66861 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883

CERTIFICATE OF DEATH.

Date of Death, May 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thornton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 6 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 92 York st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial. May 11

Undertaker, C. H. Krause

Place of Business,

[illegible] M. D.,
Medical Attendant.

Address, 57 Bremen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore.

Permit No. 66562

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTERED
MAY 11
1883
REGISTRAR

CERTIFICATE OF DEATH.

Date of Death, May 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Burgess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* 24 *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, I yr 24 days

Place of Death, {Give street and number.} 26 McMechen St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 11th 1883

Undertaker, Alex Hensley

Place of Business, 716 Orchard

D. Singling, M.D.,

Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66563 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Naumann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 2 *Months,* 00 *Days.*

Color, —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None — for several years

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} S. E. cor McHenry and Boulton St

Cause of death, First, (Primary,) Pneumonia (acute) and cerebral paralysis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Paralysis advancing for several months Pneumonia 3 Ds

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, May 12

Undertaker, P Mueller

Place of Business,

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66564 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1883

CERTIFICATE OF DEATH

Date of Death, May 10 / 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant, not married, give names of parents. } Louis C. Rush

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 43 *Years,* 4 *Months,* 7 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, { Give street and Number. } 240 Wilkens Av

Cause of Death, { First (Primary), Pneumonia ~~Lung~~ / Consumption

Second (Immediate).

Duration of Last Sickness, 12 ~~days~~ mos

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, May 12

Undertaker B. Hall

Place of Business, 22 West H

R. H. Ellis M. D.
Medical Attendant.

Address, 213 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 66565

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. G. Lynton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 2 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, one Month

Place of Death, {Give street and number.} 679 Light St

Cause of Death, First, (Primary.) Malaria Fever

Second, (Immediate.) attended by Dr White

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 11

Undertaker, Beach Hunt

Place of Business, 52 West St

F. D. Stith M.D.,
Medical Attendant.

Address, 56 Monroe av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8

Board of Health, City of Baltimore,

Permit No. 6656

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 1 1883

CERTIFICATE OF DEATH.

Date of Death, Thursday May 8th 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Devron

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } 250 Stanford Ave

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two Months —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, May 13th 1883

Undertaker, James O' Byrne

Place of Business, No 63 N Front St *Address,* 51 N Caroline St

Edwards M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6657 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Terrence McCarthy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 303 Fountain

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 11

Undertaker J P Byrne

Place of Business, ...

Geo. R. Dixon M. D.
Medical Attendant.

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66367 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Fisher

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, two *Years,* 9 mos. *Months,* — *Days.*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs 9 mos.

Place of Death, {Give street and Number.} 47 Vincent alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, May [illegible] 1883

Undertaker, Wm A Bungee

Place of Business, 62 East st *Address,*

Nath'l Wm Keyser M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6669 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aloerta ? B.F. Grove

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 6/12 ~~Months,~~ two ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 457 Division St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 450 Division St

Cause of Death, First, (Primary,) Premature

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 11th

Undertaker, Martin Fahey

Place of Business, 128 Lowndes St Address,

G. W. Annis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66570 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. W. Moran

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 9 *Years,* 5 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 157 Aisquith St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Pulmonary & Cardiac Effusion

Duration of Last Sickness, 5 wks.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 12 1883

Undertaker, Hy W. Meads

Place of Business, 45 N. Gay St

H. F. Reynolds M. D., Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66571 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kafralik

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} 283 N Durham St

Cause of Death, First, (Primary,) Dilatation of the Heart

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 13 wks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, May 12 1883 [illegible] M. D.

Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Orleans St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition, (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6652 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucy Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} House of the Good Shepherd

Cause of Death, First (Primary), Acute Consumption

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 12th 1883

Undertaker J. B. Cook

Place of Business, 707 W. Balto

Edwd F. Mulholland M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6653 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horatio E. Barry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 624 W Fayette St

Cause of Death,
First (Primary). Progressive General Paralysis
Second (Immediate). Bronchitis

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Georgetown DC

Date of Burial, May 12/83

Undertaker Deaky & Mustico

Place of Business, 530 W Fayette St *Address,* 28 Cathedral St

F. T. Miles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Howard

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, —— *Years,* 1 *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 716 W Balto St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) Cardiac Failure.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12th 1883

Undertaker, John F Andrews

Place of Business, No 4 x 6 Druid Hill Ave

B F Lemar M.D.
Medical Attendant.

Address, 314 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 11 1883

Date of Death, May 10, '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Connell

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 83 Boyd st.

Cause of Death, {First, (Primary,) Scarlatina Malignus

Second, (Immediate,) Asthenia

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Greene St

Date of Burial, June 12th 83

Undertaker, Wm Owen Sullivan

Place of Business, 227 Hanover St

M. O'Connor M. D.
Medical Attendant.

Address, 328 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

Permit No. 66576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Supposed — May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bienwald

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Cabinet Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 2

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Pier 4 Locust Point

Cause of Death, First, (Primary.) Supposed } Accidental
Second, (Immediate.) Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial, May 7th 1883 Lot 63 cell

Undertaker, Wm. Sinclair & Co. *M.D.,* ~~Medical Attendant~~ Coroner

Place of Business, 252 Canton Ave *Address,* 161 E. Eager St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 6637 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hartz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 263 N. Wolfe St

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness,

The above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 12th 1883

Undertaker, Lee. Kelly

Place of Business, 129 S. Broad

Chas. O'Connell M. D., Medical Attendant.

Address, 210 Fountain ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66578 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kohlman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} East Monument Extra 617

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Whooping Cough

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Ulysses Cem

Date of Burial, Sept 12 1888

Undertaker, Henry Flohr

Place of Business, 339 Central Ave *Address,*

..... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore.

Permit No. 6679 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Grass

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 52 years

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and Number.} Valvular disease of Heart

Cause of Death, First (Primary), Oedema Pulmonum

Second (Immediate), Cannot say definitely

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Jerome Cemetery

Date of Burial, May 14 1883

Undertaker Henry Flook

Place of Business, 309 Central Ave

Wm Lowe M. D.
Medical Attendant.

Residence, Cor Exeter & Caroline

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6618 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Dennis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1[illegible] Mc Henry str

Cause of Death, First (Primary), Diphtheritis.

Second (Immediate),

Duration of Last Sickness, 3 Days

the above information should be furnished by the Physician.

Place of Burial, [illegible] Cem[illegible]

Date of Burial, May 12, 1883

Undertaker Henry Hoen[illegible]

Place of Business, 309 Central ave *Address,* 57 Aisquith.

C Stillman M D
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 6658 / *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Grogan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* Sex *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 27 Fowler Alley

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Cardiac Disease

Duration of Last Sickness, Three Months

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 12th 1883

Undertaker Chas T Scriven

Place of Business, 27 N Eutaw St *Address,*

Wm Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore,

Permit No. 6632 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Newman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 0 *Years,* 1 *Months,* — *Days,*

Color, bell

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 6 morris alley

Cause of Death, { First, (Primary,) convulsions / Second, (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, Saturday 12th

Undertaker, Edward Sykes

Place of Business, 104 Druid Hill ave

C. Lane Tarring M. D.,
Medical Attendant.

Address, 219 madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6658 3 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1888.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Lambach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 2 *Months,* 2 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 8 Years

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and Number.} 76 Portland st

Cause of Death, First (Primary), Apoplexy Hemorrhage

Second (Immediate).

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13th

Undertaker George Lambach

Place of Business, 389 W. Pratt, *Address,* 166 S. Paca st

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from ~~Regulations of the Board of Health~~ to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 66684 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Harry Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* — *Months,* — *Days,*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 32 McKim St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 12 1883

Undertaker Locke

Place of Business, #73 Jefferson St

F. H. Robinson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66585 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Hart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Born

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 1043 E. Chapel

Cause of Death,
First (Primary).....
Second (Immediate) Croup

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 14th 1882

Undertaker M. Clark & Son

Place of Business, 92 S. Gay *Address,* 1 D Pulaski

J. H. Chatfield, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66586 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Heidrich

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 28 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 12 Watson St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 6 mos (about)

All the above information should be furnished by the Physician.

Place of Burial, Prot. Cem.

Date of Burial, 13th May 1883

Undertaker Crotaker & Evans

Place of Business, S. Calvert & Eager

D. Steatt M. D.,
Medical Attendant.

Address, 1408 E Lex. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6657 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Cobb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 209 N. Chester

Cause of Death, First (Primary), Old age

Second (Immediate)

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 13th

Undertaker Wm. Frame

Place of Business, Bank & Wolfe Sts. *Address.*

Dr. Otto M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66588 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Kovalefski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} # 62½ Thames St

Cause of Death, First, (Primary). Pneumonia (acute)

Second (Immediate). .....

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, St James's

Date of Burial, May 12 th

Undertaker H Hippel

Place of Business, ...

John H Kehberger M. D.
Medical Attendant.

Address, 203 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66689 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11/89

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wadell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and Number.} 128 Thames St.

Cause of Death, First (Primary), Killed dead

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, May 12 th

Undertaker [illegible]

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66590 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age 3 *Years,* 3 *Months,* 11 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 41 No Poppleton St

Cause of Death, First, (Primary,) Fever - (Cerebro Spinal Axis)

Second, (Immediate,) Exhaustion - (Comatose

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial. St. Peters Cem

Date of Burial. May 13. 1883

Undertaker, J.S. Cook

Place of Business, 707 E. Balto

W. F. A. Kemp M. D.,
Medical Attendant.

Address, 55 No Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha. E. Dunnock

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 15 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 158 Stillman St

Cause of Death, First, (Primary.) Bronchic Pneumonia

Second, (Immediate.) Anemia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetry

Date of Burial, May 12

Undertaker, Bernard Hark

Place of Business, 52 West St

H. B. Noble M.D.,
Medical Attendant.

Address, 50 Wainut Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66592 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Rice

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 12 *Days,*

Color, W

Married, Single, Widow or Widower {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 7 - 11 - 12

Place of Death, {Give street and Number.} 178 Fort ave

Cause of Death, First (Primary), Cerebro - Spinal Meningitis

Second (Immediate), Menoms Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 14

Undertaker B Harle

Place of Business, West St 82

W. H. P. Ellis M. D.
Medical Attendant.

Address, 312 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6663 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Snead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months.* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 1 N. Calvert

Cause of Death. {First (Primary). Asthenia

Second (Immediate).

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12 1883

{*Undertaker* H Ross

{*Place of Business* 95 Conway st

C. O. Jones M. D.
Medical Attendant.

Address, 210 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6659 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May, 10. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie J. Lee.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti. city.

Duration of Residence in the City of Baltimore, all his life,

Place of Death, {Give street and Number.} 183 Dover St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate). Acute Bronchitis.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12 1883

Undertaker H Ross

Place of Business, 95 Conway st

A. S. Watts, M. D.

Medical Attendant.

Address 382 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66876 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Tillmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Paris Az

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} No 49 N. Caroline st

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Inanition

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial. Mount Olivet

Date of Burial. May 13th

Undertaker, Mt Ferry

Place of Business, E Balto St

R O Winebrenner M. D.,
Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6696 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so soon, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 / 1883 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E J Hodges

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Balty. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 165 S. Ann St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria 5 days -

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial. May 13 1883

Undertaker, H. Snyder & Son

Place of Business, 252 Canton Ave

P. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore.

Permit No. 6657 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Thomas Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 90 S. Caroline Street

Cause of Death, First (Primary), Scarlatina Anginosa

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, May 13

Undertaker L Curtz

Place of Business,

James F. McShane M. D
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6658 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11.25 A.M. May 10, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Royston Tumbleson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 6 E. S. Broadway

Cause of death, First, (Primary,) (Meningitis tubercular)

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudown Park Cem

Date of Burial, May 12 1883

Undertaker, Wm A Daiger

Place of Business, 74 E. Bway

L. M. Thomas, M. D.
Medical Attendant.

Address, 6 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66599 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Eight *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 232 Vine St.

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Thompson Cemetery

Date of Burial, May 13 1883

Undertaker, Wm Daniel Lucas

Place of Business, 62 East St

John F. Dean M. D., Medical Attendant.

Address, 822 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66600 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Bowen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ~~*Months,*~~ *Days*

Color Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, ("off and on") about 25 yrs —

Place of Death, {Give street and number.} 176 N. Fulton Ave

Cause of death, First, (Primary,) Abdominal tumor (uterine)

Second, (Immediate,) Peritonitis

Duration of Last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, May 12 1883

Undertaker, Nathaniel Smyth

Place of Business, 62 East 4th

C. C. McDowell M.D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66601

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1883 1883

Full Name of Deceased, {Write legibly and spell correctly. If not named, give names of parents.} Henry L. Conard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 Years, 1 Months,

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 152 Eyson St.

Cause of Death, First, (Primary.) Typho-Malarial Fever

Second, (Immediate.) Exhaustion

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 83

Undertaker, C. A. Hunsley

Place of Business,

W. B. Griffith

Medical Attendant

Address, 158 W. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66602 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gray

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 5 Wiighton St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alfansus Comt

Date of Burial, 13th

Undertaker, Adam Fink

Place of Business, 461 W Fay St

C. L. Castleman M. D.

Medical Attendant.

Address, 4 N. Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 66603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachina Elliott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 61 S. Paca St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Bronchitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chas. Thalam Cem.

Date of Burial, May 14th 1883

E. Dr. E. Clayett M. D.
Medical Attendant.

Undertaker, Wm. Elam

Place of Business, 101 Gough St. *Address,* 36 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66604 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Arthur Collard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 9. *Months,* 3. *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 195 Penna. Ave. Balto. Md.

Duration of Residence in the City of Baltimore, 9 mos. 3 days.

Place of Death, {Give street and Number.} 195 Penna. Ave.

Cause of Death, First (Primary), Hydrocephalus.

Second (Immediate), Dentition.

Duration of Last Sickness, 12 hours.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12

Undertaker E. H. Blizzard

Place of Business, 195 Penna. Ave.

Geo. E. Shannon M. D.
Medical Attendant.

Address, 176 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66605 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Minoge.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days,* 7

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Phthisis —

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Six months —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 12/83.

Undertaker, Pat. Hunt —

Place of Business, Girvin & Hammond

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. & Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66606 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur J. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 190 E. Eager St.

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, May 14th

Undertaker H. A. Wiedefeld

Place of Business, 9 a Greenmount Ave

Ira Brooke Burke M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6607 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Lewis.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} S. W. Cor. Valley & Chase

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Inflammation Liver

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 13 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wm. Roche Dy C. M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6668 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12, 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Toomey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State on country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } # 11 S. Carey St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial May 13th 1883

Undertaker, Jos R Loomis

Place of Business, 1670 W Baltimore

E. G. Smithcum M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66669 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosalia Morofski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 4 Spruce Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 2 hours

the above information should be furnished by the Physician.

Place of Burial, St Peters' Cemetre

Date of Burial, May 11th 1883.

Undertaker Julius Haack.

Place of Business, 551 E. Fayette St.

John H Kehoe M. D.
Medical Attendant

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66610 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eda Hoeck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 102 N Schroeder St

Cause of Death, First (Primary),

Second (Immediate), Sunstroke

Duration of Last Sickness,

All the above info matter should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, May 13

Undertaker J Heaney

Place of Business,

Jno. W. Dorsey M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, whose the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6611 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Thompson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 12 *Days,*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 45 Little Melody st

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Congestion of lungs

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Levenel Cemetery

Date of Burial, May 13 1883

Undertaker Wilkens & Dorsey

Place of Business, No 62 East st

E. A. Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6612 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamit Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

69 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Work woman

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 205 Pratt St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Cancer of breast

Duration of Last Sickness, Some months

At the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 13 1883

Undertaker Wilson Monroe

Place of Business No 62 East 8th

WM Anthim M. D.,
Medical Attendant.

Address, 122 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Ritson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Home Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, {Give street and number.} 30 Bond St

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) Prostration

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 14 1883

Wm T K Lankin *M. D.*
Medical Attendant.

Undertaker, William Young

Place of Business, No 62 East Street *Address* 84 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Chase

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 8 Months, Days.

Color, White

Single, Married or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mary Land since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 ft alley

Cause of Death {First, (Primary,) Scarlet fever & Measles

Second, (Immediate,) congestion Lungs

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Israel Cimeter

Date of Burial, May 14th 1883

Undertaker, Chas A Hiltz

Place of Business, 33 Franklin St

Wm. H. Duke M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 6661 5 *Office of Registrar of Vital Statistics,* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 219 Bank St

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem

Date of Burial, May 14th 83

Undertaker G. F. Frank

Place of Business, Paul & Holliday *Address,* 411 E. Fayette

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66616 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Holden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Lumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 3 4 mo

Place of Death, {Give street and Number.} 10 Barre alley

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 13th 93

Undertaker G. P. Krance

Place of Business, Park & Wolfe *Address* 1712 Columbia

C. W. Bryan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66667 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Kenney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days,

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} " "

Occupation, " "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Upstairs

Place of Death, {Give street and Number.} No 50 N Eutaw "

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Few Hrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 13th 1883

Undertaker, Chas J Scriven

Place of Business, 211 N Eutaw St

J H Patterson M. D.,
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 66618 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benny Benowitch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country and how long in the United States, if of foreign birth.} Russia Six months

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, About Say 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Chab Shalam Cemetery

Date of Burial, May 13th 1883

Undertaker, Wm Eilau

Place of Business, 101 Gough St

H W Slaw M.D., Medical Attendant.

E Coe Cor Eager & Caroline Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6669 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Mory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lay man

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 6 Chestnut Ag

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Hemiplegia

Duration of Last Sickness, Some time

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 12

Undertaker, S McShane

Place of Business, 901 Lanvale St

W W Atkin M. D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66620 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th Oct 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Joshua L Schauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 1911 E Monument St

Cause of Death, First, (Primary,) 1

Second, (Immediate,) Paralysis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13

Undertaker, B. E. Hinds

Place of Business, 42 West St

Dr. J. W. McCosker M.D.
Medical Attendant.

Address, 570 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 66621 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa V. McElwee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* 14 *Months,* 11 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 256 S Carey St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 13th 4 P.M.

Undertaker Harry Sanders

Place of Business,

Geo. W. Jensen M. D.

~~Medical Attendant.~~

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Stevenson Archer Register

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66621 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Isabella

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 429 Hull Lane

Cause of Death, First, (Primary,) Inflammation of Bowels

Second, (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, May 14 1883

Undertaker, H. Snyder & Son

Place of Business, 202 Caroline St

David F. Powell, M. D.,
Medical Attendant.

Address, 429 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66623 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Reisp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and Number.} # 194 S. Dallas St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 18 wks.

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14. 1883

Undertaker H. Sahlender, Jr.

Place of Business, 242 Canton Av. *Address,* 243 Aliceanna St.

John H. Rehburger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66624 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gertrude Brandau

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 23 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} St Mary's County Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 121 E. Biddle St

Cause of Death, First (Primary) Diphtheritis

Second (Immediate) Asphyxia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 14th 1883

Undertaker John J. Andrews

Place of Business, No 486 Druid Hill Ave

E. W. Flower M.D.
Medical Attendant.

Address 121 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66625 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Gentry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housewife

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, Two (2) years

Place of Death, {Give street and Number.} 576 W Washington St

Cause of Death, First (Primary) Pyrexia Enteric Catarrh

Second (Immediate) Marasmus

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, May 14. 1883

Undertaker Wm. H. Huckman

Place of Business 234 W. Gay St.

E. W. Glover M. D.
Medical Attendant.

E. Co Engerman
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66626 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Cornish

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days,*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 11 Jordan alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, May 14 1882

Undertaker, H. Rose

Place of Business, 95 Commerce

G Lane Dauphin M. D.,
Medical Attendant.

Address, 219 Macaum ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 66627 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 12

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, Days

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 20 Booth St

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 14

Undertaker W N Dungee

Place of Business,

Geo. N. Dawson M. D

Attending Physician.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66628 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} George W. Seabrooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 Years, 1 Months, 7 Days.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 1825 Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, May 14/83

Undertaker Fry & Rice

Place of Business, 87 N Broadway *Address,* ...

Medical Attendant, ... M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimore.

Permit No. 66629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Spear

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *D*

Color, White *Sex,*

~~Married,~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 54 N. McMechen St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15th May 1883.

Undertaker, H. H. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address* 67 Franklin St

I. S. Mackenzie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66620 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 13, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Cullington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* 14 *Days.*

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 127 N. High St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, May 15th 1883

Undertaker, Hy W. Mears

Place of Business, 46 N. Gay St

J. W. White, M. D.
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66631 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} Ann T Landstreet

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 91 *Years,* ~~Months,~~ 359 Days

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 78 years

Place of Death, {Give street and Number.} 56 N. Mechanic St

Cause of Death, First, (Primary,) Infirmities of age

Second, (Immediate,) Bronchial Catarrh

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 15th 1883

Undertaker, Edney & Mitchell

Place of Business, 530 W Fayette St

Thomas Opie M. D.
Medical Attendant.

Address, 39 W. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

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Board of Health, City of Baltimore,

Permit No. 66632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 13 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Abnien

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Brick Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 212 E. Chase St.

Cause of Death, {First (Primary,) Consumption of The Lungs

{Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem't A. G. Watson M. D.

Date of Burial, May 14, 1883 Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 309 Central Ave *Address* 2437 N. Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66633 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, 13th. May 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Dietz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and Number.} E. Eager street 354.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Typhoosa

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem.

Date of Burial, May 15, 1883

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

Willard Hensel M. D.,
Medical Attendant.

Address, S. Wolfe & 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66634 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14, 1883

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herlow

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 yrs in Am

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial St James Cemetery

Date of Burial. May 15 1883

Oscar J Craig M. D., Medical Attendant.

Undertaker, Henry Myers

Place of Business, 329 Central Ave *Address,* 188 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66635 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 13. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elias E Thomas

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and Number. } 13 Lorman al

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, 1 hour 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker [illegible]

Place of Business, [illegible]

Alexander Lemley M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66636 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Teresa McGee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 to 40 years

Place of Death, {Give street and Number.} No 69 Hanford Ave

Cause of Death, First (Primary), Cardiac Disease

Second (Immediate), Dropsy with Pneumonia Complete

Duration of Last Sickness, 1 week. Taking the above

the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, May 14th 1883

Undertaker James McGinnis

Place of Business, 130 Clowman st

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore,

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66637 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13' 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents:} Frederick Oberwetter

Sex, Male or Female, {Cross out the word not required in this line.} male.

Age, 38 *Years,* — *Months,* — *Days,* 1

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Monroe St.

Cause of Death, First, (Primary,) Hepatitis (Chronic

Second, (Immediate,) Gastritis

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 15th.

Undertaker, John P. Paulus

Place of Business, 56 Frederick St.

A. A. Lechner M. D.,
Medical Attendant.

Address, 543 Leydon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66638 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th day of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie J. Wells

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* 16 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Palestine Texas

Duration of Residence in the City of Baltimore, 3 years 7 months

Place of Death, {Give street and Number.} 258 Saratoga

Cause of Death, First, (Primary.) Hepatic Abscess

Second, (Immediate.) 7 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial London Park Cy

Date of Burial, May 15th 1883

Undertaker,

Place of Business, UNDERTAKER 35 Park Ave.

C. P. Hoffman M. D.
Medical Attendant.

Address, 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6663 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stuart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Diver

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 61 Williamson St

Cause of Death, First, (Primary,) Accident by being Crushed

Second, (Immediate,) Internal Injury & Nervous Shock

Duration of Last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 13

Undertaker, G. W. Perkins

Place of Business, 130 Henrietta

D. A. Locke M. D.,
Medical Attendant.

Address, 110 Forrest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66640 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May the 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Washington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days,

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 140 Eastern ave

Cause of Death, First, (Primary.) Teeting and Spasms.

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, May the 15th

Undertaker, Mr Dysel

Place of Business, 1 Bond St

Wm. H. Sims M. D.,
Medical Attendant

Address, Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66641 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elfrida Griffith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 32 Fishburn St

Cause of Death, First, (Primary,) Cirrhosis of Liver and

Second, (Immediate,) Spleen

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Com

Date of Burial, May 15, 1883

Undertaker, A. H. Davis

Place of Business, 425 S. Bway

Thomas Sheppard M. D.
Medical Attendant.

Address, 9 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 66642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3+ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Gravel

Cause of Death, First (Primary,) Asphyxia

Second (Immediate,) Saw child but once

Duration of Last Sickness, Saw child but once

All the above information should be furnished by the Physician.

Place of Burial, St Peter

Date of Burial, May 14 1883

Undertaker, Morgan + Pye

Place of Business, 9 Mulberry St

Thos. J. Ware M.D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 66643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H Ent

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 15 Oxford St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14th 1893

Chas. H. Tilley M. D.
Medical Attendant.

Undertaker, Wm H Bish & Bro

Place of Business, 9 S Paca St

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66644 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 13 1883

Date of Death, May 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Snyder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 17 Hoffman St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 15th May 1883

Undertaker Wm Jenkins Sons

Place of Business, Park & Saratoga Sts

E. W. Lee Tracy M. D.,
Medical Attendant.

Address, 1211 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66645 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 14 1883

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 13 *Days.*

Color col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 1 St Thomas Court

Cause of Death, First, (Primary,) Measles Congestion of brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 14/1883

Undertaker, Wm Hall Inman

Place of Business, 62 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66646 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883

CERTIFICATE OF DEATH.

Date of Death, May 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Irwin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* — *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dumfriesshire

Place of Death, {Give street and number.} No. 51 Mulberry St

Cause of death, First, (Primary,) Cancer of Uterus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14, 1883

Undertaker William Lanyer

Place of Business, 62 East St

Whitfield Primley M. D.,
Medical Attendant.

Address, 116 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 66647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Horace

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Five *Days*

Color Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 17 Mechanic Court

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 17 Mechanic Court

Cause of Death {First, (Primary.) .....
Second, (Immediate.) Asthenia

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of ~~Burial~~, Laurel Cemetery

Date of Burial, May 14 1893

Undertaker, William F. Lange

Place of Business, 62 East St

Geo. L. Brown — M. D.
Medical Attendant.

Address, 51 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

13

Board of Health, City of Baltimore.

Permit No. 66649

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert N. Brent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 21 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Raburg St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Atelectasis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 1903

Undertaker, William H Fuge

Place of Business, 12 East St

H. W. Lee M.D.,
Medical Attendant.

Address, 298 N Kunkel St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66649 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen A. Castle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 ~~3~~ *Years,* 3 *Months,* 27 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 68 N. Castle St.

Cause of Death, First (Primary), Variola

Second (Immediate), Unable to state as Convulsions attended with about ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, May 15/83

Undertaker T. J. Locke

Place of Business,

G. G. Lurk M. D.
Medical Attendant.

Address, Balt. & Potts L. R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or who first visited the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

Permit No. 66668

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Helffenbein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 8 *Months,* 17 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpet Weaver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 498 N. Loudard St.

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Evgl. Luth. Druid hil

Date of Burial, May 15th 1883.

Undertaker, Adam Weidenmeyer

Place of Business, 518 W. Baltimore St.

[illegible] M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66667 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1883 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Coral Banks

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 27 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 Inwood Alley

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Hydrocephaloid,

Duration of Last Sickness, about 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 1883

Undertaker, A. O. Hensley

Place of Business,

Eldridge C. Price, M. D.
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFE

Board of Health, City of Baltimore,

Permit No. 66652 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* 0 *Months,* ..... *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Labor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Virginia

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and Number.} No 17 London alley

Cause of Death, First (Primary), Ingestion of Strychnine

Second (Immediate), Convulsions

Duration of Last Sickness, Two Weeks

the above information should be furnished by the Physician.

Place of Burial, Fairhill

Date of Burial, May 16th 1883

Undertaker Alex Hennessey

Place of Business, 116 Orchard *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66633 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 16 1883

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Colton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 2 *Months.* *Days.*

White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.} Single

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 146 N. Gay St.

Cause of Death First (Primary). Pulmonary Tuberculosis

Second (Immediate). asthenia

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 16th

Undertaker Geo Schilling

Place of Business,

Jno. S. Lynch M. D.
Medical Attendant.

Address, 18 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66654 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Mason

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 7 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} * 26 E. Biddle St.

Cause of Death, First, (Primary,) Catarrhal Fever (Acut. Bronchitis)

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Marks Cem.

Date of Burial, May 15th 1883

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave. *Address,* * 305 N. Caroline St.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66655 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Beauty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Hair Dresser

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give street and Number.} 170 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate). Heart Disease

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 15th 1883

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Alexander Insley M. D.

~~Medical Attendant.~~

Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6656 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide J. Kieckhoeffer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Michigan

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and Number.} 127 Fulton Avenue

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, May 15 1883

Undertaker, D. Ecuy Mitchell

Place of Business, 5 & 7 W. Fayette *Address,* 19 Edmondson ave

P. Haney Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial: within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baker

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age 28 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ~~Housework~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 58 Boyd St

Cause of Death {First, (Primary.) ____ Second, (Immediate.) Phthisis Pulmonalis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 15

Undertaker, J B Cook

Place of Business, 707 W Baltimore

Wm A B Sellman M. D.
Medical Attendant.

Address, 249 Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6668 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie King

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* — *Days*

Color Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 103 Harrisony Lane

Cause of Death, First, (Primary,) Intermittent Fever

Second, (Immediate,) —

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 16 1883

Undertaker, Wilson Mangan

Place of Business, No 62 East St

H F Zinn M. D.
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6665 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} X H to Douglas Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the physician.

Place of Burial Asbury Cemetery

Date of Burial May 14 1883

Undertaker William Norris

Place of Business No 62 East st

Saml. S. Powell M. D.,
Medical Attendant.

Address 29 Hisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicim who attended, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66660 Office of Registrar of Vital Statistics, Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 6/12 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 21 Eare St

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th 1893

Undertaker B. W. Chase

Place of Business, 198 E. Howard

W. S. Baer M. D.
Medical Attendant.

Address, 210 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 66661 *Office of Registrar of Vital Statistics.* Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wm Lewis Turner,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days,* ✓

Color, white,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 133 S. Bond St.

Cause of Death, First (Primary), Intercostal Laryngitis

Second (Immediate), Septicaemia

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15 1883

Undertaker H Sander & Son

Place of Business, 252 Canton Av. *Address,* Balt & Bond sts.

G. Blacicilly M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66662 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1883

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Deleh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, 9 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4 Bucher Court

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Consumption

Duration of Last Sickness, 8 Mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16th 1883

Undertaker, Thos A McCoy

Place of Business, ~~X~~ 22 W Fayette Address, 36 Eremont Ave

J N Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66663 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Brisley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ or ~~*Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} ~~No~~ 283 Hoffman st

Cause of Death, First, (Primary,) Scarlet Fever (not sick long enough for a Phys.

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 15th

Undertaker, Charles T Scriven

Place of Business, 271 N Eutaw St

Chas E Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66664 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 15 1883

Date of Death, May 14. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Clark

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 0 — 7 *Years,* — 9 *Months,* — 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Cor Federal & Allen Sts.

Cause of Death, { First, (Primary.) Blow on head on March 17th followed by meningitis. Second, (Immediate.)

Duration of Last Sickness, Two months & less 3 days.

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, May 15th 1883

{ *Undertaker,* Chas J Ferrier
{ *Place of Business,* 271 Eutaw st

Dr. B. Browne M. D.
Medical Attendant.
Address, 307 Madison av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6665 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 15 1883

Date of Death, May 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula M. Duval

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Hoyer St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16/83

Undertaker, Jos Tolz

Place of Business, 77 N Broadway *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66666 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 15 1883

Date of Death, May 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emilie Antoine Sachse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 14 *Days,*

Color, white

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 3 Little Pacca St

Cause of Death, First, (Primary,) Scarlet fever.

Second, (Immediate,) The same

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 16th 1883

Undertaker, Ed J Sahlman

Place of Business, 200 Main St.

Henry Salzer M. D.,
Medical Attendant.

Address, 164 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6667

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Auard.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* ~~Months,~~ *Days.*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, About 30 yrs.

Place of Death, {Give street and number.} 34 N. Charles St.

Cause of Death, First, (Primary.) Asthma complicated by

Second, (Immediate.) Emphysema, Bronchitis & Cardiac dilatation

Duration of Last Sickness, About ten days.

All the above information should be furnished by the Physician.

Place of Burial, West Laurel Cemetery

Date of Burial, May 15th 1883

Jno. G. Lang, M.D.
Medical Attendant.

Undertaker, Edw'd Schramm

Place of Business, 100 Light St. *Address,* 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66666 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 15 1883

CERTIFICATE OF DEATH.

Date of Death, May 14, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Perry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 174 Augusta St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 16th 1883

Undertaker, Wm H Huckman

Place of Business, No 234 N. Gay St

Gustave Bibb M. D.
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66669 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAY 15 1886

CERTIFICATE OF DEATH.

Date of Death, May 13th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jones

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 11 Shirley St

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th 86

Undertaker, [illegible]

Place of Business, [illegible]

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thomas Butler.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 0 *Days.*

Color, Negro.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimor City

Duration of Residence in the City of Baltimore, Until death.

Place of Death, {Give street and number} 12 Parrish Al.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 16

Undertaker, L Davis

Place of Business,

James A. Smallwood M. D.
Medical Attendant.

Address, 194 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 6667 *Office of Registrar of Vital Statistics.* Ward 16

* The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura ~~Koenig~~ Kinning

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 167 E Green

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 16th 1883

Undertaker Wm. J. Tickner

Place of Business, 65 S. Eutaw St

Gordon Gott M. D.
Medical Attendant.

Address, 146 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66672 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Theodore Winslow Kellner

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May 13, 1883

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 4 Months, 14 Days,

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 247 Jefferson St.

Cause of Death, { First, (Primary,) Fall

Second, (Immediate,) Fracture of Cranium

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, May 16 1883

Undertaker, Josh Hennig

Place of Business, 382 Orleans St *Address,* 247 N Broadway

I. W. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66293 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 15 1883

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Long

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 96 Washington Place

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton ave

D. H. Kelly M. D.
Medical Attendant.

Address 813 Aliceanna st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore. 9

Permit No. 66674 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1893

CERTIFICATE OF DEATH.

Date of Death, ~~Nicholas Deakin~~ May 15th 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nicholas Deakin

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 27 *Years,* 2 *Months,* 9 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation Paper Hanger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 64 Camden St

Cause of Death, First (Primary), ...

Second (Immediate). Rheumatism

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 17th

Undertaker R. N. Small

Place of Business, 513 Hanover

Thomas Coyle M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66675 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 16 1933

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeannie Sachse

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* six *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 32 E. Paca St.

Cause of Death,
First (Primary), Malignant Scarlatina
Second (Immediate), Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16 th 1883

Undertaker Ernest Gehlmann

Place of Business, 200 Sharp *Address,* 170 S. Sharp St.

Wm Gomben M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Lucia Russo

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 46 Bluelin

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, May 16/83

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St

Wm A. Sims M. D.
Medical Attendant.

Address, 32 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

4

Board of Health, City of Baltimore,

Permit No. 66617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Diamond

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Reporter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} No 5 L Gough St

Cause of Death { First, (Primary,) Delirium Tremens
Second, (Immediate,)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 16th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 133 E Pratt St

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

19

Board of Health, City of Baltimore,

Permit No. 66678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ora Ambrose Ignatius

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 28 Montrose st

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 16/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,* 427 N. Fayette st.

C. Meiers M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66678 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No Permit for Burial~~ CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Emory

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 40 Diamond St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Marasmus

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, May 17th 1883

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Jno A Blake M. D., Medical Attendant.

Address, 168 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66680. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Savage

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years;* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 18 Orchard St

Cause of Death, {First (Primary,) Chronic Meningitis / Second. (Immediate,) Exhaustion}

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16th 1883

Undertaker, Bro. James Gray

Place of Business, 63 Mulberry St.

C. T. Thomas M. D.
Medical Attendant.

Address 199 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66681 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday 14 th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Simms

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 63 Vincent Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Congestion of Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1883

Undertaker, William Bruce

Place of Business, No 64 East st

J Dennis Jones M. D.
Medical Attendant.

Address, 56 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children. [over]

5

Board of Health, City of Baltimore,

Permit No. 66682

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Jackson

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, House Wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, { Give street and number. } 114 E. South Street

Cause of Death, { First, (Primary.) Rheumatism
Second, (Immediate.) Chronic Valvular disease of Heart

Duration of Last Sickness, 1 Year Yesterday Known

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cemetery

Date of Burial, May 16

Undertaker, Jacob Athens

Place of Business, 31 N. High St

Hall Rutledge M.D.,
Medical Attendant.

Address, 154 E. South Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 66683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Block

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *D*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty years 50 yrs

Place of Death, {Give street and number.} 8 1/2 Sharp Sheet

Cause of Death, {First (Primary,) old age

Second (Immediate,) Pneumonia

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cemetery

Date of Burial, May 16

Undertaker, W. Elam

Place of Business, 101 Gough St

A. Duvekneck M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66684 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma C. Powell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 182 Fremont Av.

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, May 15/83

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 36 Park Av.

John Dickenson M. D., Medical Attendant.

Address, S. W. Calvert & Read Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66685

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Harper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 237 S. Charles St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 16th 1883

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 57 Hanover

H. B. Stiles M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 15—

Permit No. 66686 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 58 Wilson Alley

Cause of Death, First, (Primary,) Bronchopneumonia Congl

Second, (Immediate,) Asphyxia

Duration of Last Sickness, One week. Duration to the child a few hours only, previous to death.

All the above information should be furnished by the Physician.

Place of Burial, Lamel

Date of Burial, May 16

Undertaker, W. H. Dunfee

Place of Business, ...

J. K. Kelly M. D.
Medical Attendant.

Address, 108 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas B. Abbott

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 25 *Years,* *Months,* *D*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, Four months & a half

Place of Death, {Give street and number} Church Home & Infirmary

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of last Sickness, Said to be about eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Princess Anne Md

Date of Burial, May 17, 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bdwy

Wm Guest M.D.
Medical Attendant.

Address, Church Home E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, About 50 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, Most 50 years

Place of Death, {Give street and number} 14 Booth St

Cause of Death {First, (Primary,) Hemiplegia
Second, (Immediate,) Asthenia
Duration of last Sickness, About 24 Hrs Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19th 1883

Undertaker, John Macken

Place of Business, No 150 Camden St

A. R. Foster, M. D.
Medical

Address, 23 Hamilton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 16 1883

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* 4 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First, (Primary.) Intra & Peri Uterine Inflammation

Second, (Immediate.) Peritonitis

Duration of Last Sickness, Invalid for 12 or 18 months Judges Say Could two Years

All the above information should be furnished by the Physician.

Place of Burial, Fairview Va

Date of Burial, May 17 83

Undertaker, C. W. Sizer

Place of Business, 198 Penna Ave

W. T. Wilson Jr. M.D.
Medical Attendant

Address, 1146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Tocus = 2949

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Thompson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Clarke Court

Cause of Death {First, (Primary.) Rachitis

Second, (Immediate.) Marasmus,

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 16th 1883

Undertaker, W J Jordan

Place of Business, 68 Park Ave *Address,* 90 Park Ave

George A. Rohé M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No 6669 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, May 16th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eduardo Serrucci

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 9 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 1 Jones Ln

Cause of Death, First (Primary), Variola

Second (Immediate), Asthenia

Duration of Last Sickness, (9) nine days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons cemetery

Date of Burial, May 17th

Undertaker W Bottomley Sr

Place of Business, 260 E Lombard *Address,* 79 So Broadway

J. R. Winkens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66692 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lolan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 15 Carlisle bet Stiles

Cause of Death, First, (Primary.) Pumonal consumption

Second, (Immediate.) on Exhaustion

Duration of Last Sickness, 3 or 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, May 17th 1883 C B Gamble M.D.,

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty *Address,* 69 Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66698 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hamm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and Number.} 717 Eutaw St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17 - 1883

Undertaker, Wm. P. Madden

Place of Business, 46 East St

Jno. D. Blake M. D.,
Medical Attendant.

Address, 118 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66694. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 17 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Dof & Mc Guire

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 Months *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 6 Hubbard alley

Cause of Death, First (Primary). .....

Second (Immediate). Inanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, E.O.

Date of Burial, May 17

Undertaker G. Reinhart

Place of Business, ...

Geo. H. Bunsen M.D.
Medical Attendant.

Address, Conn & Hedian Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66695

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years;* *Months,* Two Days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 East St

Cause of Death, First, (Primary.) Imperfect Closure of foramen Ovale

Second, (Immediate.) Congenital Cyanosis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Grafton Road

Date of Burial, May 17th

Undertaker, Geo Schilling

Place of Business, —

Sam'l Beck M.D.,
Medical Attendant.

Address, 134 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66696 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas H. Wilcox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 1667 Madison Ave

Cause of Death, First (Primary). Alcoholism

Second (Immediate). Apoplexy

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 18th

Undertaker Geo Schilling

Place of Business,

M. B. Billingslea M. D.
Medical Attendant.

Address, 25 E Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall lie the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66697

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jen. H. Lawson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} √

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence ~~in the City~~ of Baltimore, Life

Place of Death, {Give street and number.} 15 Hall Alley

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.) Asphixia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 18

Undertaker, B. Hug

Place of Business, 62 West St

Chas. A. Parsons M.D.,

~~Medical Attendant.~~

Address, 54 N. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66698 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Wilton Metzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* 11 *Days,*

Color, White

Marri[ed], Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, 11

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 70 Mc Mechin

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Congestion of the brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 18

Undertaker, Walter Grimes

Place of Business, 315 W. Biddle *Address,* 431 Penna. ave

J. H. Christian M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore

Permit No. 66699

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Margaret Reed

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 48 Mt Vernon Place

Cause of Death, First, (Primary.) Typhlitis

Second, (Immediate.) Peritonitis

Duration of Last Sickness, About 14 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 19th 1883

Undertaker, Wm J Gaston Sons

Place of Business, Park & Saratoga

Reggie Buckler M.D.,
Medical Attendant.

Address, 135 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6700 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17/83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. T. Machen.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 233 Pierce St. ✓

Cause of Death. First (Primary). Diphtheria

Second (Immediate). one week

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Balto. City

Date of Burial, May 18th 1883

Undertaker J. L. Cook

Place of Business, 207 W. Balto

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66701 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Brick Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and Number.} 149 Medeira St

Cause of Death, First (Primary), old age

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 18th May

Undertaker Jos. McCurdy

Place of Business, 707 W. Balto

H. Miller M. D.
Medical Attendant.

Address 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore,

Permit No. 6682 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hoover

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give street and Number.} 117 Saratoga St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nearly 3 Mos

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus Cy

Date of Burial, May 19 1883

Undertaker, C. Kreinberger

Place of Business, 70 Mulberry St

Wm B Tuttle M. D.
Medical Attendant.

Address, 61 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 6703 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Hamilton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} July

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 192 S. Regester St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate). .....

Duration of Last Sickness, Two weeks

the above information should be furnished by the Physician.

Place of Burial, Evangelic Cemetery

Date of Burial, May 17th 1883

Undertaker H. Snider & Son

Place of Business, 252 London Av. *Address,* 243 Alice Anna St.

John H Kehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor Lang

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 8 *Months,* 10 *Days*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 735 West Baltimore St.

Cause of Death, First (Primary,) Old Age

Second (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 18th 1883

Undertaker, J. Lorit"

Place of Business, #156 W. Madison St Address 234 Mesrow Ave

L. T. Bill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66705 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella J Anderson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 11 *Days,*

Color col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 39 Chesnut st

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17th 1883

Undertaker, H. [illegible] Lange

Place of Business, [illegible]

E. C. Baldwin M. D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66706 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Lenderfelter

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* 2 *Months,* 1 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Cigarmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Switzerland

Duration of Residence in the City of Baltimore, 19 year.

Place of Death, { City street and Number. } 53 N. Eutaw St

Cause of Death, First (Primary), Peritonitis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above info mation should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 19. 1883.

Undertaker Philip J. Dill

Place of Business, 183 Columbia Ave.

Edward J. Woodward M. D.
Medical Attendant.

Address, 54 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66707 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas R Brown

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Box Maker

Birthplace, { State if born in country, and how long in the United States, if of foreign birth. } Washington

Duration of Residence in the City of Baltimore, Four Years

Place of Death, { Give street and Number. } 145 S. Stricker st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Heart. D.

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 18th 1883

Undertaker, J. W. Cook

Place of Business, 202 W Balto St

J. W. Clark M. D.,
Medical Attendant.

Address, Baltimore Howard Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Simpson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} ~~Male~~

Age, 24 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 156 Fyson Al

Cause of Death, {First, (Primary.) Phthisis Tubercular / Second, (Immediate,) Exhaustion

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, May 19th 1883

Undertaker, Alex Hewsley

Place of Business, 116 Orchard

H. B. Griffith M. D.
Medical Attendant.

Address, 138 W. Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

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Board of Health, City of Baltimore,

Permit No. 6670 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Louis Russell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 1 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, all of life

Place of Death, { Give street and Number. } 608 Frost St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18th 1883

Undertaker, S. McLeonard & Son

Place of Business, 782 W. Balto

J. H. Christian M. D., Medical Attendant.

Address, 431 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6710 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wyatt J Edb Smead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 6 Hours D

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 223 N. Carey St

Cause of Death, First, (Primary,) Feble at birth —

Second, (Immediate,) Atelectasis Pulmonum &

Imperfect ex pneumonia &

Duration of Last Sickness, 6 hours.

At the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 17th 1883

Undertaker, Leary & Mitchell

Place of Business, 560 W Fayette St

Thomas Opie M. D.
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6611 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Black Wife

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, Caucasian

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York 20 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 668 West Hayette St.

Cause of death, First, (Primary,) General Debility Complicated

Second, (Immediate,) with Angina Pectoris

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 18 '83

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette St *Address,* 561 W Fayette St

Dr Dennett Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6672 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hurst

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* [illegible] 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 38 E. Pratt St.

Cause of Death, First (Primary) Gastric Fever

Second (Immediate) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 16 May 1883

Undertaker John C. Frush

Place of Business. 268 Alleghany *Address,* 299 E. Baltimore St.

James E. Kinnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6613 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Millie Byers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} ✓

Age, 45 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1108 Dallas St

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, May 17

Undertaker W. H. Kinzer

Place of Business,

Geo. R. Dennis M. D.

~~Medical Attendant.~~

Address, Cor Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66714 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* up to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Bryant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days,* ✓

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 245 S. Howard St

Cause of Death, First (Primary), Small Pox

Second (Immediate),

Duration of Last Sickness, 8 days

All the above info mation should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, May 16/83

Undertaker F. A. Kelchner

Place of Business, 5 S. Eutaw Address

Geo. H. Dexon M. D.
Medical Attendant
No 8 Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo. E. Brown
Physician

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 66715

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Golder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and number.} 127 W. Fayette St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) about 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, May 18th 1882

J. Jenkins M.D.,
Medical Attendant.

Undertaker,

Place of Business, UNDERTAKERS, 35 Park Ave.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66716 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. C. Denhardt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 Camden St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 18th

Undertaker E. N. Todd

Place of Business, 413 Hanover *Address,* 170 S. Sharp St.

Wm Gombel M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6677 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } no name / Child of Chas Hahn

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, [illegible] *Years,* [illegible] *Months,* half hour *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 201 Hanover St.

Cause of Death, First (Primary), premature labor at 6 month

Second (Immediate), not known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18

Undertaker Henry Brill

Place of Business, Henrietta 81

Louis (illegible) Horn M. D
Medical Attendant.

Address, Mulberry / Myrtle ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6678 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Parents - Jas. & Rachel Johnson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, Years. Months. Days. Never but a few minutes after birth.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 110 Welcome Alley

Cause of Death, First (Primary), Prematurely born

Second (Immediate). —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 17 1883

Undertaker M. Doll

Place of Business, 756 W. Way

D. A. Bell M. D.

Medical Examiner

Coroner

Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 66719 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th May 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Stella J. Stafford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 6 Days,

Color. Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Nothing

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and Number.} 90 Leadenhall St.

Cause of Death, First (Primary), Spinal Irritation

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18 1886

Undertaker [redacted] Ross

Place of Business, 95 Conway st

L. A. Gills M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66720 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mclae B. Daley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Horse Shoer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} No 45 Stafford Ave

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, Over one year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 18th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66721 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebella Allen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} ~~100 S.~~ 2 Iron Alley above Lombard St and West of Broadway

Cause of Death, First (Primary), —

Second (Immediate). Phthisis —

Duration of Last Sickness, 2 months —

The above information should be furnished by the Physician.

Place of Burial, Dallas

Date of Burial, May 17

Undertaker S J Lockey

Place of Business, —

A. V. Gonzales M. D.
Medical Attendant.

Address, 253 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66722 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Helen Banks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Scotland, 3 months in U.S.

Duration of Residence in the City of Baltimore, about 3 months

Place of Death, {Give street and number.} Bannin's Hotel, Balt. Girls + Gaelic Dissn

Cause of Death, {First (Primary,) "

{Second (Immediate,) about 3 months

Durdtion of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 18th 1883.

Undertaker, A. McGinnis

Place of Business, 143 Plowman St

Edw'd H. White M. D.
Medical Attendant.

Address 109 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66723 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1863

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} R L Buchanan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Ferry Boat Bay & at Canton Pier

Cause of Death, First (Primary), Suicide by drowning

Second (Immediate), Sudden Death

Duration of Last Sickness, —

the above information should be furnished by the Physician

Place of Burial, Balt Cem

Date of Burial, Saturday May 19/63

Undertaker J. A. H. Levy

Place of Business, #22 W. Fayette St

Chas. Marsh M. D.
Medical Attendant.

Address, 67 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza R. Humbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* ~~Months,~~ ~~Days,~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and Number.} 103 Hanover St.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Pneumonitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 19th May 1883

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts. *Address,* 39 N. Carey St

Thos. Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

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Board of Health, City of Baltimore.

Permit No. 66725

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 18 1863 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1863

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ann Ward

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 6 2 *Years,* *Months,* 4 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 86 Hanover St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 May 1863

Chas. H. Holyday M.D.,
Medical Attendant.

Undertaker, Mr Wm. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* Carroll P.O. Balto

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No 66726 ; *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 19 1883 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death; May 16th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Whitges

{Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2305 Pierce

Cause of Death, First (Primary), Cerebro-Spinal Meningitis

Second (Immediate), Disease

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 18th 83

Undertaker G. Hsance

Place of Business, Bank & Wash Address, 477 S. Broadway

J. L. Bristow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6727 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Whitley

Sex, Male or Female, {Cross out the word not required, in this line.} Female

Age, 0 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} No 100 E Madison St

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 18 1883

Undertaker Corbalan & Son

Place of Business, Co Valley & Eager

Wm Whitridge M. D.
Medical Attendant.

Attention is called to the unsanitary condition of the premises in this and adjoining houses

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66728 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th May 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 538 Hanover

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 18th 1893

Undertaker, Wm J. Tilton

Place of Business, 65 S. Eutaw Address, 57 Hanover

H. W. Nebel, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66729

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 16. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married ✓

Occupation, Drayman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 90 Chesnut Alley

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Acute Bronchitis

Duration of Last Sickness, Ill 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Lamar C

Date of Burial, May 18th 1883

Undertaker, D. M. Chase

Place of Business, 198 S. Howard *Address,* 227 Carrollton Ave

W. F. Lovell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66736 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Jane Bell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years.* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maist +

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 118 Cider alley

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.) Cholerae infantum

Duration of Last Sickness, April 26 1883

All the above information should be furnished by the Physician.

Place of Burial, Loane Cemetery

Date of Burial, May 20th 1883

Undertaker, S. M. Chase

Place of Business, 195 S. Howard st, *Address,* 236 Bond E

J. Hunt *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66731 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} George Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Unknown *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Supposition Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Africa Stick Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} House of Detention

Cause of Death, First, (Primary,) Syphilitic Gumma about

Second, (Immediate,) the decussation of the Pyramids

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, May 18 1883

Undertaker, H. Kershner

Place of Business, City Office

John G. Woolley M. D.,
Medical Attendant.

Address, 201 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No 66732 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sanjant-Bryant

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} —

Age, ... *Years,* — *Months,* 8 *Days*

Color, ad

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 245 S. Howard

Cause of Death, First (Primary), Small Pox

Second (Immediate) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, N. W. Cemetery

Date of Burial, May 18 83

Undertaker Fal-Kershin

Place of Business, 60 J. Howard *Address,* Cor. of Saratoga

Geo. H. Simms M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. "*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66783 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta E. Marrow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 423 N. Carey St.

Cause of Death, First, (Primary,) Erysipelas, Right Leg, no Special Cause

Second, (Immediate,) Anasarca acute

Duration of Last Sickness, 12 Days

All the above Information should be furnished by the Physician.

Place of Burial Loudon Pk

Date of Burial May 19

Undertaker, C H Blizzard

Place of Business,

J H Christian M. D.,
Medical Attendant.

Address, 431 Lenna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66784 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Herman Siglen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Da*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Upholster

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Suicide by cutting

Second, (Immediate,) his throat

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, E R C

Date of Burial. May 18

Undertaker, G Buchart

Place of Business,

F G Conroy, M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66785 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Timmony

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, { Give street and Number. } 26 Valley St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial May 19th 88

Undertaker, Jos P Byrne

Place of Business, 63 Hanover *Address,*

Chas O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66736 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Lommatzsch

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 6 Little Second Street

Cause of Death, First (Primary), Suppressio urinae

Second (Immediate), Hydrops

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 19

Undertaker H McGinnis

Place of Business,

J. Thos. M. D.
Medical Attendant.

Address 248 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

Permit No. 66787 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G White Lusk

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age *Years,* *Months.* 2 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 22 S. Grant St.

Cause of Death, First (Primary), Mal. fever for external existence

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 19th, 1883

Undertaker Boston Walkers

Place of Business,

G. G. Lusk M. D.

Medical Attendant.

Address, Balt. & Grant Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board [illegible], City of Baltimore,

Permit No. 6678 8 — *Office of Registrar of Vital Statistics.* — Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracie D Houck MAY

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Parkersburg W. Va.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 40 Hull St.

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,) Anemia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Chester Co. Penna

Date of Burial, May 21. 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

E B Britton M. D.,
Medical Attendant.

Address, 51 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66789 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Elizabeth Mooney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Seven *Months,* *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 1815 S. Broadway

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of the heart

Duration of Last Sickness, twelve days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 19th

Undertaker H. Hoffman

Place of Business,

A. F. Eschke M. D.
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Bureau of Statistics, City of Baltimore,

Permit No. 6740 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883 MAY 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Miller

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {~~State or country,~~ and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Every Life

Place of Death, {Give street and Number.} 817 S. Charles st

Cause of Death, {First, (Primary,) ..... Second, (Immediate,)} Pneumonia

Duration of Last Sickness, 3 Weeks

At the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial. May 20th 1883

{*Undertaker,* Amitting & Denny
Place of Business, 263 Light}

J. C. A. Cooke M. D., Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Bureau of Vital Statistics, City of Baltimore,

Permit No. 6611 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 19 1883

Date of Death, May 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abby S. Robinson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} New York R. I.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} No. 231 Linden Ave

Cause of Death, First, (Primary,) Cardiac

Second, (Immediate,) Disease of the Heart

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Holt's~~ M. E. Cemetery

Date of Burial, May 20th 1883

Undertaker, Hugh Kirkpatrick

Place of Business, Park & Saratoga

Thomas Shearer M. D.,
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 66642 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Hillington

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 23 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Bridger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 28 Hilford Alley

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Suppression of urine

Duration of Last Sickness, 15 days

All the above Information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 19, 1853

Undertaker, [illegible]

Place of Business, [illegible]

E. K. Wiley M. D.,
Medical Attendant.

Address, E. K. Wiley MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Pay special attention to Physician's Certificate to any accounts below, and [illegible]

Board of Health, City of Baltimore,

Permit No. 66743 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bergett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Killed by being run over

Second, (Immediate,) by an engine on the Philadelphia & Balto R Road 5th house

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial. May 19th

Undertaker, Wm. Blackamp Jr.

Place of Business, No 260 E Lombard

H. G. Connolly M. D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Langheinrich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4. *Years,* 11. *Months,* 7. *Days.*

White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, — — — — —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 14 Breed St.

Cause of Death {First, (Primary.) Eclampsia

{Second, (Immediate,) " "

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 19th. 1883

Undertaker, John P. Poulus

Place of Business, No. 66 Fred. Ave.

O. H. Pinkham M. D.
Medical Attendant.

Address, 19 S. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

14 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 19

Date of Death, May 18th 1883 at 7.30 M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Swire,

~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, Ten Years, ~~Months~~, ~~Days~~

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 46 Frederick Ave

Cause of Death, {First (Primary.) Stigma. Second (Immediate.) Exhaustion}

Duration of Last Sickness, About 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 19 th 1883

{Undertaker, John P. Paulis
Place of Business, No 66 Fredk Ave}

Edward M. Frail M.D.
Medical Attendant.

Address 1991 Howard St
3rd door above Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66746 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 10 1883

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 38 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} Found in the Patapsco River

Cause of Death, First (Primary), Supposed accidentally drowned

Second (Immediate), " " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Wet Ens Comty

Date of Burial, May 17th 1883

Undertaker Wm T Ott & Sons

Place of Business, 450 S. Carrollton Ave

Lot Bell M. D.

Medical Attendant.

Coroners Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66747

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Murray

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 82 Years, Months, Days.

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} Augusta, near Eager

Cause of Death, First, (Primary.) Infirmities of Age

Second, (Immediate.) Asthma - Bronchitis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 21st 1883

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Richd. Mullikin M.D.,
Medical Attendant.

Address, 189 W Monroe St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66748 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 2 1883

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Summerfield Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} No. 8 Foster al

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 20th 1883

Undertaker Wm. J. Gray

Place of Business, 65 Mulberry *Address,* 120 N. Greene St

J. B. Gardner M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 66749 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th, 10:30 am,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lamp.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 5 *Years,* 4 *Months,* _____ *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, _____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} N.W. Co. Columbia Ave & S. Fremont St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) _____

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, May 21 1883

Undertaker, W. Kip. S. Lee

Place of Business, 193 Baltimore St.

Jno. H. Silberlich, M. D.,
Medical Attendant.

Address, Co. Columbia Ave & S. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6750 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO BE BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Barrett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cross Cemetery

Date of Burial, May 7th 20

Undertaker, Bethany St.

Place of Business, 160 Eastern Ave

Chas J. Peters M. D., Medical Attendant.

Address, 188 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 99751

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66731 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mooney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, W

~~*Married,*~~ *Single,* *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 - 8

Place of Death, {Give street and Number.} 66 E. E. St. Charles

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, May 18th 1883

Undertaker J. H. Dodd.

Place of Business, 131 Hanover St. *Address,* 131 Light St

R. H. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

for

The Special Attention of Physicians is Respectfully Invited to the Notice [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6752 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883. 7. A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catherine Jenkins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Thirty three *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 116 Warner St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 20th

Undertaker, R. N. Frail

Place of Business, #131 Hanover St

H. H. Coffroth M. D.,
Medical Attendant.

Address, 320 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66753 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 19th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Livingston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the P. Cor. Gohin and Valley Sts

Cause of Death, First, (Primary.)

Second, (Immediate,) Pleural Dropsy

Duration of Last Sickness, two months

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 20th Day Bogy Brey 1883

Undertaker, Henry Schettleis

Place of Business,

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained: the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66757 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Melcher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 62 Orleans st

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Scarlet fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetary

Date of Burial, May 21 1883

Undertaker, James P Byrne

Place of Business, No 63 N Front

E. A. Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66755 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sweard Canavan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 5th Years

Place of Death, {Give street and Number.} 2411 n Front

Cause of Death, First (Primary), Phthisis Pulm. Cancer of Breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, May 21st 1883

Undertaker James P Byrne

Place of Business, No 63 n Grant St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 7 n Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Ph... ...ist of Licenses on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6676 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended the person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Thomas Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,)

Duration of Last Sickness, 2 mos

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, May 19

Undertaker, C. H. Blizzard

Place of Business, 198 Penna Ave *Address,*

C. F. Swan *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 66766 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18. 1898.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Graham

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 3 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery & Childs Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) ...

Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 19th

Undertaker, C. H. Blizzard

Place of Business, No 198 Broadway Ave

C. H. Brune M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66758 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. C. Ruddick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 396 E. Madison St.

Cause of Death, First (Primary), Scarlatina,

Second (Immediate) Exhaustion,

Duration of Last Sickness, Two Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Cedehill Cemetery

Date of Burial, May 13 83

Undertaker [illegible]

Place of Business, No 263 Fifth Ave

J. W. Chambers M. D.
Medical Attendant.

Address, 133 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

No. 6675

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6675 *Office of Registrar of Vital Statistics.* **Ward** 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} 7 Lentris Ct

Cause of Death, First (Primary), Exhaustion of Liquor

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrs Cemetery

Date of Burial, May 21 1883

Undertaker Margent Bro

Place of Business, 9 Mulberry St

Alex Tenley M. D.

Medical Examiner

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 66760 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. Anthony Felton

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 21 Jackson Square

Cause of Death, First (Primary), Pharlatine

Second (Immediate), Paralysis cord

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, May 21th 1883.

Undertaker Peter Freer

Place of Business, 91 Eutaw ave

Father M. D.
Medical Attendant.

Address, 245 S. Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or who was present when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66761 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Delaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylum of the Little Sisters of the Poor Cor. St. John and Valley Sts.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 21/883

Undertaker, H. Schuetter

Place of Business, E. Monument

Jno. Brothers M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66764 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie A. Mauerkamp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} 2 Parents

Age, — *Years,* — *Months,* one *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 331 E. Madison St

Cause of Death, First (Primary),

Second (Immediate) Convulsions

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 21 1883

Undertaker R. Mauerkamp

Place of Business, (Factory) *Address,* Corner of Street & Alleyway

Geo. W. Emson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 66763 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1883

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Andrews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* —— *Months,* —— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Florida

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and Number.} 17 Price St

Cause of Death, First (Primary), Bilious Fever

Second (Immediate), Convulsions

Duration of Last Sickness, one Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, May 21st 1883

Undertaker A. Hensley

Place of Business, Orchard St *Address,* Commissioners Hall

Jas. R. Dennis M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66764 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC MAY 20 1903

Date of Death, May 19/03.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Alice

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Phthisis —

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, 8 months —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 21/03.

Undertaker, ~~Patterson & Connell~~

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av, Calton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

Permit No. 66765 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Behm

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 8 Henry St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, May 20

Undertaker, B Harle

Place of Business, West St 82

D Buckley M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Direction on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 66766 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 64 n. Dunbar St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Lorrel Cemetery

Date of Burial, May 14 1883

Undertaker, J L Evans

Place of Business, [illegible]

D A Smith M. D.,
Medical Attendant.

Address, 137 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66767 *Office of Registrar of Vital Statistics.* Ward 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 187 n Exeter st

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co Md

Date of Burial, May 20th 83

Undertaker, J L Cook

Place of Business, #23 Fairmount

E C Baldwin M. D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

(2nd

Permit No. 66768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 2 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lewestka

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —*Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eden Street Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~No 167~~ 176 Eden Street No 176

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Ursulas

Date of Burial, May 21

Undertaker,

Place of Business,

Dr Charles Haerner M. D.
Medical Attendant.

Address No 214 South Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 6769

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6769 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Kolak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 8 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #250 S Broadway

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Athol's

Date of Burial, May 20

Undertaker H. Lippel

Place of Business,

John H Kehlenger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66770 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 20 1883

Date of Death, May 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie L. Murrayman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 6 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number} 331 Franklin St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Uraemia

Duration of Last Sickness, 3 or 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 21st 1883

Undertaker, John J. Andrews

Place of Business, 1047 & 49 Druid Hill Ave

J. F. Hill M. D.,
Medical Attendant.

Address, 443 Franklin

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6771 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Devane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 336 E. Baltimore Street

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 7 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st 1883

Undertaker, Thos O Hughes

Place of Business, 611 E Balto

C. H. Thomas M.D., Medical Attendant

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66772 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Adam Burkhammer

~~*Sex,* Male or Female.~~ {Cross out the word not required in this line.} Male.

Age, 42 *Years,* *Months.* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation Hostler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and Number.} Baltimore Balto. Co. No 8

Cause of Death. First (Primary), Brights Disease

Second (Immediate), D. D. Pes.

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, April 30th 83

Undertaker Jr. Cadogan

Place of Business, 227 Fulton St

Dr. R. S. Tuke M. D.
Medical Attendant.

Address, 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6673 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Pugh

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} # 103 Dover St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), "

Duration of Last Sickness, 9 or 10 days

All the above information should be furnished by the Physician.

Place of Burial Shark & Denuis

Date of Burial, May 20th 1883

Undertaker Saml H Chase

Place of Business, 161 S. Howard St

Chas. J. Bell M. D.
Medical Attendant.

Address 161 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66774 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} Clarissa B. Wells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 258 Saratoga St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cerebral Effusion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cy

Date of Burial, May 21st 1883

Undertaker,

Place of Business, H. A. AKERS, 35 Park Ave.

D. S. Hoffman M. D.,
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66776 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

First Name of Deceased, { Write legibly and spell correctly. If child is not named, give names of parents. } Ernest Harold Kid

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 8 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 465 E. Eager

Cause of Death, First (Primary), Scarlet Fever,

Second (Immediate), Pneumonitis with Hydropericardium

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May. 21. 1883

Undertaker Coolahan & Evans

Place of Business, Valley & Eager, *Address* 171 N Calvert

Chas. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended (during his or her last sickness, or thereafter, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 66776 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Eichenauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 9 Bowly Ct

Cause of Death, First (Primary).

Second (Immediate). Meningitis (Tuberculous)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, May 22 1883

Undertaker H Harle

Place of Business, 52 West St

H. Gordon Cox M.D.
Medical Attendant.

Address, 476 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6677

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6677 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

BALTIMO

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Steel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 26 S Scott St

Cause of Death, First (Primary),

Second (Immediate) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Pk

Date of Burial, May 21st.

Undertaker J B Coats

Place of Business,

Geo. H. Denson M. D.
Medical Attendant.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66778 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 21, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw Gillan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt, Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 97 Lemon St

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, May 21 1883

Undertaker J R Cook

Place of Business, 707 W. Balto St *Address,* 319 Hollins

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Permit No. 6679

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Goodman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 2 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 323 Myrtle Ave

Cause of Death, First, (Primary.) Organic Disease of Heart

Second, (Immediate.)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, May 21st 1883

Undertaker, Jas B Cook

Place of Business, 707 N Baltimore Street

H W Cimp M.D.,
Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 66780 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Schafer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, Since Date

Place of Death, {Give street and Number.} 338 Light

Cause of Death, First (Primary), [illegible]

Second (Immediate) Scrofula

Duration of Last Sickness, 2nd Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto cem

Date of Burial, May 21st 1883

Undertaker Armstrong & Co

Place of Business, 263 Light St *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6671 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 21? 1883

Date of Death, 20 May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Breen

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} Law Street 28

Cause of Death, First (Primary), Brights disease

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cr

Date of Burial, May 21 1883

Undertaker C F Krause

Place of Business, ... *Address,* .....

L F Buckler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No 6678 **Office of Registrar of Vital Statistics.** **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21, 1883

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah J. Foreman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 94 Druid Hill Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 22 1883

Undertaker John J. Hundrieser

Place of Business 1641 Druid Hill Ave

Geo. Reynolds M. D.
Medical Attendant.

Address 71 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 66783 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 20 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Ed Heisner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 40 S. Ann St

Cause of Death, { First (Primary). — Second (Immediate). Pertussis

Duration of Last Sickness, 10 days

All the above info matter should be furnished by the Physician.

Place of Burial Presbyterian Cemetery

Date of Burial, May 21st 1883

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* Bridge & Penn

Isle Jenings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6784 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 21 1883

Date of Death, May 20th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arua Sorg

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* 26 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bells City Rice County North Carolina

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Asthenia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st

Undertaker George Schilling

Place of Business, Ashland Square

Wm Glover M. D.

Medical Attendant.

Address, Fort Fregerick Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 6 of Directions on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66786 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21th Mary 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Privat-

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} asylume of the Little Sisters of the Poor cor- St John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Ephithelioma of the mouth

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial. Holy cross Cemetery

Date of Burial. May 22th 1883

Undertaker, Henry Schelthies

Place of Business,

Jno Booker Boyle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66786 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F Mosher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 Constitution St

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) —

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 21st /83

Undertaker, H. C. Nicholson

Place of Business, 91 Belmont Ave.

Silas N. Hunter M. D.,
Medical Attendant.

Address 36 Belmont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules, and to Table of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6787 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, May 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty-seven *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Waiter

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Organic disease of the Heart.

Second, (Immediate,) General Dropsy

Duration of Last Sickness, Has been an inmate of Hospital, and hospital since admission to Prison, March 17. 1883.

All the above information should be furnished by the Physician.

Place of Burial, E. Cem.

Date of Burial. May 21

Undertaker, G. Richardt

Place of Business,

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death; to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6788 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Brumbach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No. 60 N. Chester St

Cause of Death, {First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 22d 83

Undertaker, G. Franc

Place of Business, Bank & Wolfe *Address,* [illegible]

W. H. Wells M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness on the deceased, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6789 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Behrens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 Years, 5 Months, 26 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} No. 654 S. Wolfe St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, May 21st 83

Undertaker, G. F. Frame

Place of Business, Bank & Wolfe Address 34 E. Baltimore

R. Wirth, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66790 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883. 10 Hr A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Herman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 97 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} St Josephs Hospital

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial. St Thomas Cem

Date of Burial. May 21st 83

Undertaker, G. Evans

Place of Business, Davis & Wolf *Address,* 1884 Calvert St

Oscar Hoskins M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That hereafter any person who shall die in the said city,* it shall be the duty of the Physicish who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 May 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Smallwood

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 93 *Years,* 4 *Months,* *Days*

Color, B

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 93 years.

Place of Death, {Give street and number.} 19 Regester St.

Cause of Death, First (Primary,) Pneumonia old age

Second (Immediate,) Pneumonia

Duration of Last Sickness, Several months, with extreme debility followed by Pneumonia on Friday last

All the above information should be furnished by the Physician.

Place of Burial, Dr. Oddfellows

Date of Burial, May 21st 1883

Undertaker, J. W. Lecky

Place of Business, 53 Jefferson St

73. F. Leonard M.D.
Medical Attendant.

Address, 214 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 66792 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1883

CERTIFICATE OF DEATH.

Date of Death, March 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm James Waters

~~Son~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 14 Wyoming St

Cause of Death, First (Primary), Tuberculosis of Lungs.

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Weeks

the above information should be furnished by the Physician.

Place of Burial, May 21 1883

Date of Burial, Lone Cemetery

Undertaker William A. Suiger

Place of Business, 62 East St

R Flagg M. D.
Medical Attendant.

Address, No. 58 N Liberty St.

~~Extract from Regulations~~ of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6679 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sal Gross.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 7 Vincent alley.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 7 Vincent alley.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21 1883

Undertaker Wilson & Dingee

Place of Business, 62 East St.

G H Simon M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66794 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 21 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W. McGlennon.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum, Madonna

Cause of Death, First, (Primary,) Hydrocephalus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 40 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 21/83.

Undertaker, James Carroll.

Place of Business, Union & Fremont Sts.

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave. Calverton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 66795 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 22 1903 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21/03

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Lois

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant asylum.

Cause of Death, First, (Primary,) Hydrocephalus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 28 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 21/03

Undertaker, Jas. Carroll

Place of Business, Irwin & Inman

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Catlow

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6796 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 4:20 P.m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Vickers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One Years, 9 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 11 Bartlett St

Cause of death, First, (Primary,) Infantile Dyspepsia

Second, (Immediate,) Inanition

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21st 1883

Undertaker, D. Tim Mackin

Place of Business, N. 156 Camden

David H. Ellerbrock, M. D.,
Medical Attendant.

Address, E. Cor. Columbia Ave & Fremont Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6747 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 19. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Warner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 1/2 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Nursery and Childs Hospital

Cause of Death, First, (Primary,) Convulsions.

Second, (Immediate,) ~

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 22

Undertaker, [illegible]

Place of Business, [illegible]

C. H. Bevan M. D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6798 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 21 1883

Date of Death, May 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Henrietta Chaney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 23 *Years,* *Months,* *Days,*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, About three years

Place of Death, {Give street and Number.} 444 Vincent al near Cumberland St.

Cause of Death, First, (Primary,) Had a miscarriage in January which had been from some days standing. Supposed there cellulitis resulted

Second, (Immediate,) Septicaemia { Not effusion in abdomen caused by dissolving epithelium. On account of removing body to the country no post mortem was allowed

Duration of Last Sickness, About 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Swan Lake Md

Date of Burial, May 22nd 1883

Undertaker, W. H. Chase

Place of Business, 198 S Howard

A B Pole *M. D.,*

Medical Attendant.

Address, No 1 North st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2902

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66799 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAY 22 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Mates

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 15 *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 164 Robinson st

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 22nd 1883

Undertaker, S. P. Chase

Place of Business, 198 S Howard st

C W Muff M. D.,
Medical Attendant.

Address, 306 N Gaylord St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66800 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 22 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel L. Linton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Six *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No 180 N. Eutaw St

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Tuberculosis Meningitis

Duration of Last Sickness, Eleven (11) weeks

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cy

Date of Burial May 22nd 1883

Undertaker Stewart & Howard

Place of Business, 35 Park ave

J. A. Steuart M. D.,
Medical Attendant.

Address, 41 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66801 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia MacConaye

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 67 James alley

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls C.

Date of Burial, May 22

Undertaker B. Hunt

Place of Business, 82 West ft, *Address,* 46 Hanover

Edwin Coale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness for the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 66802 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jackson Cardwell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 243 N Gay St

Cause of Death, First, (Primary,) Pericarditis Maligna

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 22. 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

D. W. Cathell M. D.

Medical Attendant.

Address, 7 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 66803 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 22 1883 BALTIMORE

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thresa Goebelein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 2 *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 340 E. Lombard st.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alysonsus Cem

Date of Burial, May 22th 1883

Undertaker, A. Koehler

Place of Business, 244 E Lombard st

I. P. L. Dausel, M. D.
Medical Attendant.

Address, 3 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 66807 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22? 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Hilgeman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ___ *Years,* 7 *Months,* ___ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ___

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 62 N Amity st

Cause of Death, First (Primary), Colds & Destitution

Second (Immediate), Inflamation Lungs & Stomach

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 22/83

Undertaker C H Rossiter

Place of Business, 196 E Baltimore

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. E. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia ✓

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give street and number.} 425 St Paul St. —

Cause of Death, First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, About 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Bal to Cem

Date of Burial, May 22nd 83

Undertaker, John H. McCoy

Place of Business, 22 W. Fayette St

J. D. Scarff M.D.,
Medical Attendant.

Address, Charles North.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66816 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berthold Gustav George Prien

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 5 *Months,* 6 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 589 Lexington St

Cause of Death, First, (Primary,) + Probably a fall on his head.

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 Hours.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 23rd 83

Undertaker, John H. McElroy

Place of Business, 22 W. Fayette St

Thomas O'Dee M. D.

Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be obtained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

+ Concussion of Brain from fall + subsequent secondary Pneumonia of right Lung

Post Mortem by Dr. J. W. Chambers

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 66807 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Eugene Deitz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Cor. Bond & Baank

Cause of Death,
First (Primary), membranous croup
Second (Immediate),

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, May 22 1883

Undertaker H Deitz

Place of Business,

R W Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66808 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1893

CERTIFICATE OF DEATH.

Date of Death, May 22 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Parrow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ... *Months,* One *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D C

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 41 Block

Cause of Death; First (Primary), Cyanosis

Second (Immediate), Spasm

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem.

Date of Burial, May 22nd

Undertaker Wendell Tipp

Place of Business, 1. Bond St. E. *Address,* 7 Eden Place

S. L. Winston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 66809

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lloyd W. Young.

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penn.

Duration of Residence in the City of Baltimore, 18 Years.

Place of Death, {Give street and number.} In the rear 84 St Mary St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cem

Date of Burial, May 23rd 1883 Jno L Pinnor M. D.

Medical Attendant.

Undertaker, Alf Hensley *Address* 73 Franklin

Place of Business, 116 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 6611 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22? 1883

CERTIFICATE OF DEATH.

Date of Death, May 21 st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Taylor

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 138 North Broadway

Cause of Death, First, (Primary.) Induration and hypertrophy of the liver

Second, (Immediate.) Ascites

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial. May 24th 1883

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Milton N. Taylor M. D.,
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6611 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine M. Goldsborough

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and Number.} 234 E. Lombard St.

Cause of Death, First (Primary), Chronic Bronchitis & Tumor

Second (Immediate),

Duration of Last Sickness, 6 mos.

All the above Information should be furnished by the Physician.

Place of Burial, Balto, Loem

Date of Burial, May 23. 1883

Undertaker M. A. Dwyer

Place of Business, 74 S. Bury

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 66812 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1893

CERTIFICATE OF DEATH.

Date of Death, May 21 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 9 *Months,* 7 *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and Number.} 57 Wood Avenue

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, L. Calvert Co

Date of Burial, May 25th 1893 Wm H Black M. D.,

Undertaker, Wm J. Doll the Attendant.

Place of Business, 1412 Eutaw *Address,* 168 Race

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66813 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 22 1883

CERTIFICATE OF DEATH.

Date of Death, May 19 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Martha Addison

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, American

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 57 Gay

Cause of death, First, (Primary,) Bronchial & Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~May 22 1883~~

Date of Burial, Calvert Co Md May 23 1883.

Undertaker, John F Andrews

Place of Business, Vo 47 & Druid Hill Ave

W. Bay Smith M. D.,
Medical Attendant.

Address, Druid & Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 66814. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Arthur

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Clerk B. & O. R. R. Co.

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 45 Valley St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Acute Indigestion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 23d

Undertaker H. C. Weidefeld

Place of Business, 90 Gilmanour

Wm Brooke Bryan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66815 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Richards

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 Months *Days*

Color, B

~~Married, Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, ~~.....~~

Birthplace, {State on country, and how long in the United States, if of foreign birth.} 30 Cor Shields alley & Smith st

~~Duration of Residence in the City of Baltimore,~~ ~~.....~~

Place of Death, {Give street and Number.} 355 Vincent alley

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Want of proper food & attention

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 23

Undertaker, J E Hough

Place of Business, ...

William Lee M. D.
Medical Attendant.

Address, 339 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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Board of Health, City of Baltimore,

Permit No. 66816

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Hamick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 4 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No. 13 Little Gough St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Alhorns 6

Date of Burial, 22d May

Undertaker, H Lippel

Place of Business, 151 Bond St

Thomas Sappington M.D.,
Medical Attendant.

Address, 70 Centre St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66817 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Brown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* ..... *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country, and now long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Hanburg & Eutaw Sts

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 23-80

Undertaker, C. P. Warnick

Place of Business, ...

H. Leech M. D.
Medical Attendant.

Address, 15 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66818 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry H. Brella

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 21 *Day*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 82 Forest St.

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24 /83

Undertaker Fred. Gaede

Place of Business, 298 Caroline st *Address,* 117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 6689 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A H Horner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 455 N mount

Cause of Death, First (Primary), Jaundice

Second (Immediate), Jaundice

Duration of Last Sickness, 2 or 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, May 23/83

Undertaker Denny & Hutchison

Place of Business, 338 W Hoyet Address 394 Saratoga E

C. H. England M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 66820 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J L Anthony

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Book-keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and Number.} 21 Park Ave

Cause of Death,
First (Primary), Pleuro Pneumonia
Second (Immediate), Pulmonary Hemorrhage

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lynchburg Va

Date of Burial, May 26th 1888

M. B. Billingslea M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business 553 W Fayette St *Address,* 256 Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6682 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugo Sorg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 6 *Months,* 16 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 908 Holland St

Cause of Death, First (Primary) Diphtheritis

Second (Immediate) Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23rd

Undertaker Geo. Schilling

Place of Business,

E. W. Shaw M. D.
Medical Attendant.

Address, 908 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back hereof.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Roberta Andrews,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* two (2) *Months,* five (5) *Days*

Color, White *Sex,* Female

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 362 N. Washington st.

Cause of Death, {First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, Five (5) Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cedarhill Cemetery

Date of Burial, May 23 80

Undertaker, Armstrong & Derry

Place of Business, 1126 Light

Chas. B. Luce M. D.
Medical Attendant.

Address 323 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66823 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22d May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 10 *Months,* 5 *Days* 7

Color, Colored

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Single

Occupation Boot-Blacking

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 164 S. Howard St

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Emaciated an exhaustion

Duration of Last Sickness, 6. Months

All the above information should be furnished by the Physician.

Place of Burial, Shark's

Date of Burial, May 23 1883

Undertaker S. H. Chase

Place of Business 199 Howard St

J. D. Iglehart M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 66824 *Office of Registrar of Vital Statistics.* Ward #6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Monahan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth,} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 173 Orleans st

Cause of Death, First, (Primary,) ..... Second, (Immediate,) Consumption

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 24 1883

Undertaker, Key & Pue

Place of Business, 91 W Broadway

T. F. Cullen M. D.,
Medical Attendant.

Address, 137 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within fifty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66826 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Farrin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, abt 28 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 145 Albemarle Street

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 23 1883

Undertaker James P. Byrne

Place of Business 1063 W Fayette St *Address,* 67 E Balto St

Chas. Elliott M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66826 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora A. Vannockey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, Negro.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 43 Jew Alley.

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Hemorrhage of Lungs

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23rd

Undertaker Chas. A. White

Place of Business, 35 Granby st *Address,* .....

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loris Blumenthal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 Years, X Months, X Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 32 Barre Street

Cause of Death { First, (Primary.) Cancer of the Stomach
Second, (Immediate.) Hemorrhage

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, May 23

Undertaker, Jacob Stevens

Place of Business, 621 N. Eutaw St. Address, 88 N. Eutaw Street

A. Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians and Midwives

Board of Health, City of Baltimore,

Permit No. 66828 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1883

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kieshutetka, Regina

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years;* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and Number.} 105 Augusta St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, Six weeks

At the above information should be furnished by the Physician.

Place of Burial, Loyal Lutheran Greenlief

Date of Burial, May 23d 1883

Undertaker Adam Weidemeyer

Place of Business, 578 W. Baltimore St.

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6829 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sutton Finnin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, BK

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing & Ironing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va. Co. Md. 40 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 East St.

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,) Hemorrage

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Abbey Cemetery

Date of Burial, May 23 1883

Undertaker, Wilson & Dunagan

Place of Business, No. 62 East St

E. L. Sutton M. D.,
Medical Attendant.

Address, 54 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 66838

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Henry Hudson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Ten *Months,* ..... *Days.*

Color C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 Raborg st.

Cause of Death, First, (Primary.) Malnutrition

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23 1883

Undertaker, Thos. N. Dorsey

Place of Business, No 62 East st

E. Meierhof M.D.,
Medical Attendant.

Address, 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6631

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Douglass

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Eight *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country and how long in the United States. If of foreign birth.} 19 McElroy St

Duration of Residence in the City of Baltimore, Eight days

Place of Death, {Give street and Number.} 19 McElroy St

Cause of Death, First. (Primary.) Pneumonia

Second. (Immediate.) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, May 23d 1883

Undertaker, Wm. H. Hickman

Place of Business, W. 234 Pratt

J. E. Gorsuch M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66853 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1883 - 5 PM.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Kuhlman

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 82 - *Years,* - *Months,* - *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years -

Place of Death, { Give street and Number. } St Josephs Hospital

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Pt Lafayette Cem

Date of Burial. May 24th 1883

Undertaker, A D Shilling

Place of Business,

Geo J. Cotton M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66863 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bowers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 45 Cant St

Cause of Death, First, (Primary,) Confinement

Second, (Immediate,) Child died fetus

Duration of Last Sickness, one week 3

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemy

Date of Burial, 24th May 1883

Undertaker, A Rosenberger

Place of Business, 70 Mulberry *Address,*

G. H. Amos M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66734 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel B. Lambdin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 *Years,* *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State in country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 207 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial. May 24 1883

J C Burch M. D.,
Medical Attendant.

Undertaker, C F Krause

Place of Business, 209 Hanover

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 66885 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 May 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sebastian Koch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 *Years,* — *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Pharmacist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 155 E. Eutaw St

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 25th 83

Undertaker G. Frame

Place of Business, Bank & Wolfe *Address,*

E. J. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 66836 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blasino Meister

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty-six *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and Number.} No. 42 Lancaster Street.

Cause of Death, First (Primary). ———

Second (Immediate). Consumption.

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Thomas

Date of Burial, May 24th 83

Undertaker G. J. Grance

Place of Business, Bank & Wolfe *Address,* 207 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 66837 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beulah V. Tomlinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 109 Patterson Ave.

Cause of Death. First (Primary).

Second (Immediate) Scarlet Fever.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 24th 1883

Undertaker John S. Hacker

Place of Business, No. 150 Camden

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66888 *Office of Registrar of Vital Statistics.* Ward 24/13

MAY 1893

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24. 1893.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Becraft,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 13 months.

Place of Death, {Give street and Number.} 65 Parkin St.

Cause of Death, First (Primary), Enteritis.

Second (Immediate), Collapse.-

Duration of Last Sickness, Two weeks.-

All the above information should be furnished by the Physician.

Place of Burial, Mount Army Funeral Co

Date of Burial, May 25

Undertaker Joseph Beck

Place of Business, 707 W Baltimore

A. G. Watts, M. D.
Medical Attendant.

Address, 273 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within 24 hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of the disease of which he or she died, except in cases of births and deaths of illegitimate children. [OVER.]

The Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus A. Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Annually Baltimore City

Place of Death, {Give street and number} No 402 Madison Avenue

Cause of Death First, (Primary,) Enlargement and induration of Liver

Second, (Immediate,) Hypertrophy and dilatation of Heart

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 24th 1883

Undertaker, Hollingsworth Dixon

Place of Business, Park Nursery

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66840 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Wells

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry W. Va.

Duration of Residence in the City of Baltimore, 19 mos.

Place of Death, {Give street and Number.} 60 Hanover

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 6 dys

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 24th 1883

Undertaker, John J Andrews

Place of Business, No 486 Druid Hill Ave *Address,* 1432 Eutaw St

D. Sheets M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66841 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. C. King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Proprietor sash Factory

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 161 John St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Saturday May 26

Undertaker, John H. Gray

Place of Business, 22 N. Fayette St

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6682 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Clara Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* 12 *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 43 Edmondson ave

Cause of Death, First, (Primary,) Encephalitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park Cty

Date of Burial May 26th 1883

Undertaker, John D. Machen

Place of Business, Park Ave

Jas. E. Gibbons M. D.,
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 66843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Stein

Color, White or Female, { cross out the word not required in this line. } Male

Age, 9 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 12 Orleans St.

Cause of Death, { First, (Primary.) Inflamation of Brain
Second, (Immediate,) ____

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 25th 1883

A. E. Stein M. D.
Medical Attendant.

Undertaker, A. Kuehler

Place of Business, 244 E. Lombard St. *Address,* 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [over]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sybil L Stabler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* 3 *Months,* *Days*

Color, White Sex, { Female / Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 289 W. Fayette St

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 3 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends burying gd

Date of Burial, Saturday May 26th 83

E Goodbody M. D. Medical Attendant.

Undertaker, Leonard & Norris

Place of Business, 35 Park Avenue

Address 289 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1853

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Graham.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 Years, 3 Months, Days

Color, White Sex,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 years and 3 Months.

Place of Death, {Give street and number.} 108 John St.

Cause of Death, {First (Primary,) / Second (Immediate.)} Dysentery.

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 25th 1853

{Undertaker, John J Andrews
{Place of Business, No 476 Druid Hill Ave

E. M. Price M. D.
Medical Attendant.

Address 243 N Fremont St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The special attention of Physicians is respectfully invited to the Registrar's Report, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Freeman

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days*

Color C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 2 Little Boardman

Cause of Death, First (Primary,) Spinal Meningitis with Bronchial Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas A Penn

Date of Burial, May 24th 1883

Undertaker, W J Leahy

Place of Business, 478 Jefferson

D. F. Leonard M.D.
Medical Attendant.

Address, 314 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6847 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael M. Caffrey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore 26 years

Place of Death, {Give street and Number.} 19 Neighbor st.

Cause of Death, First (Primary): Pneumonia

Second (Immediate):

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, May 23rd 1883

Undertaker Jas Boyne

Place of Business, 637 Lond *Address,*

Jno. Brooke Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66848 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret S. Amos

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 517 Mulberry Street

Cause of Death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, May 25th 1883

Undertaker Lewis Mitchell

Place of Business 530 W. Fayette St *Address,* 356 N Carrollton Ave

John Neff *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66849 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracie Bryan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 7 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or~~ *Widow,* {Cross out the word not required in this line.}

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} 18 St James St

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, 24 hours

the above info mation should be furnished by the Physician.

Place of Burial Second Cemetery

Date of Burial May 22d 1883

Undertaker Wilbur V Dunges

Place of Business, No 62 East Fred

H. Comrey M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6850 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 2 8 *Days*

Color Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 18 Mc Elderry Court

Cause of Death, First, (Primary,) Scrofulous Pneumonia

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, May 24 1883

Undertaker, William Nunnemacher

Place of Business, No 62 East Pratt

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 66737 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 24th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Wesley Harman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 77 Leadenhall st

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 24 1883

Undertaker, H Ross

Place of Business, 95 Commerce St *Address,* Southern Dispensary 77 Leadenhall St

Saml Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66862 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elma Hotman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 189 S. Broadway.

Cause of Death, First (Primary)

Second (Immediate) Diphtheria

Duration of Last Sickness, nineteen days.

All the above info mation to be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, May 24th

Undertaker H. Lipp

Place of Business,

A. F. Eyth M. D.
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66853 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Cooper

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Servant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown.

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and Number.} # 3 St Paul's Court,

Cause of Death, First, (Primary,) Phthisis pulmonalis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 24

Undertaker, G J Locke

Place of Business,

James A Bunn M. D.
Medical Attendant.

Address, 51 W. Johnson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

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Board of Health, City of Baltimore,

Permit No. 66854

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 24 1883

CERTIFICATE OF DEATH

Date of Death, May 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie H Realey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Randal St

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25

Undertaker, Henry Brick

Place of Business, Monumental 81

H B Noble M.D.,
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66856 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

24 1883

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence McShane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Storekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Monaghan Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 266 E. Lombard Street

Cause of Death, First (Primary), Paralysis - (Hemiplegia)

Second (Immediate), Ramollissement

Duration of Last Sickness, 5 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 25th/83

James F. McShane M. D.
Medical Attendant.

Undertaker H. A. Dauje

Place of Business, 945 Broadway *Address,* 168 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 66856 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 P 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. May 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate O Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 1074 E Baltimore St

Cause of Death, First (Primary), Peritonitis

Second (Immediate),

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 25 '83

Undertaker's H. A. Daiger

Place of Business, 74 S. Bond

D. Kelly, M. D.
Medical Attendant.

Address, 342 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6657 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law. 1883

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Thompson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 59 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, Home Worker

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto County Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and Number.} 27 Hills Lane

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Auburn Cemetery

Date of Burial, May 25th 1883.

Undertaker, Wm H Madden

Place of Business, 46 East St

J E Gorsuch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6858 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Grahe

~~*Son, Male or Female,*~~ {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* — *Da...*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City, Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} # 8 N. Carrollton Ave.

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick City, Md.

Date of Burial. May 25th 1883

Undertaker, D. M. Leonard & Sons

Place of Business 784 W. Baltimore

L. Leuchtmann M. D., Medical Attendant.

Address, 8 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66859 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5-24-83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Bell Wardell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto & City Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 72 N Poplar

Cause of Death, First, (Primary,) apr

Second, (Immediate,) 1 [illegible]

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 26th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

[illegible] M. D., Medical Attendant.

Address 24 here

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66860 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 52 1893

Date of Death, 5 M° 23.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard J. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Boy.

Age, 4 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Boy.

Occupation, Boy.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 11° 8 Fulton alley

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of Last Sickness, 10 D. 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, May 25th

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Av. *Address,* 306. Madison Avenue

E. H. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 66861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~August 24th 1886~~ May 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Sophronia Howard~~ John F. Howard

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, Thirty eight Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give street and number} 299 Argyle Ave

Cause of Death { First, (Primary,) Bright's Disease
Second, (Immediate,) "

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, May 26

{ Undertaker, Martin Fahey
{ Place of Business, 128 Lawrence St

Silas Baldwin M. D.
Medical Attendant.

{ Address, 152 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66862 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 2 1883

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ellen Price

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* *Days*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} Chesnutt alley No 5 /

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, May 25th 1883

Undertaker, D. F. W. Chase

Place of Business, 178 S. Howard

John H. Brown M. D.,
Medical Attendant.

Address, 223 Franklin St. (No. 10)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66763 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 25? 1883

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml Nichols

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* [illegible] *Months,* 26 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, {Give street and Number.} 677 W. Baltimore St.

Cause of Death, First, (Primary,) Infirmity of Age

Second, (Immediate,) Gradual decay & exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 27th 1883

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore Address, 3 E. Lexington Ave

John Neff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore.

Permit No. 66864 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 2 09

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin George Somers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 204 S Bond St.

Cause of Death. First (Primary), Pneumonia (Acute)

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker

Place of Business,

John H Kehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66865 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th. inst.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Newton Coyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 24 *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number} 266 Gough St.

Cause of Death. First (Primary). Scarlatina Anginosa

Second (Immediate). Pyaemia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible] 83

Undertaker [illegible]

Place of Business, [illegible]

C. Glanville Lusk M. D.
Medical Attendant.

Address, Balt. & Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. C. Merritt.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 9 Months, Days,

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of New York.

Duration of Residence in the City of Baltimore, 57 Years.

Place of Death, {Give street and number.} N. W. cor of Balto St & Broadway

Cause of Death, First (Primary,) Paralysis of the Heart

Second (Immediate,)

Duration of Last Sickness, 30 Minutes.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y J. M. Coskrill M. D.

Date of Burial, May 27th 1883 Medical Attendant.

Undertaker, Henry Mitchell *Address* 340 E. Balto St

Place of Business, 68 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 1883

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Duval,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 41 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, School-Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 303 Carrollton ave, Balto Md

Cause of Death, First, (Primary) Rheumatism + Gastro-Enteritis

Second, (Immediate,) Inanition + Stricture of Stomach

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, A. A. County Md

Date of Burial, May 25th 1883

J. E. Clagett M. D.
Medical Attendant.

Undertaker, John S. Mackey

Place of Business, Park & Fayette Sts

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 66867 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death; May 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Freeland Hammond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 28 Penna ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Uremic Poisoning

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 25th 1883

Undertaker M. Ozone

Place of Business, 198 S. Howard

Ellis Mickum M. D.
Medical Attendant.

Address, 168 Shirley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

14

Board of Health, City of Baltimore,

Permit No. 66869

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Eberly

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *D* 7

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 673 W. Lomb. st.

Cause of Death, First, (Primary.) Inf. ailment, old age &c.

Second, (Immediate,) Asthenia

Duration of last Sickness, attended her one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, May 26th 1883

Undertaker, Jos. F. Coale

Place of Business, 1707 N. Baltimore Street

Wm A. Jones M. D.
Medical Attendant.

Address, 326 Hanover st. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

Permit No. 66870 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lastner

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 4 *Years,* 4 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 462 Saratoga

Cause of Death, First, (Primary,) Laryngo Tracheitis

Second, (Immediate,)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 26th 1883

Undertaker, Jas. L. Cook

Place of Business, No 707 W. Baltimore Street

A. H. Carter M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 66871 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Nicholson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} V

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and Number.} 930 W Baltimore

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, May 26th 1883

James J Doelp M.D.
Medical Attendant.

Undertaker Jas B Coale

Place of Business, No 707 W Baltimore *Address,* 319 N Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore.

Permit No. 668 1/2 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Magil

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 39 Eastern Ave

Cause of Death, First (Primary), Scarlatina

Second (Immediate),

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, May 25th 1883

Undertaker Caspar Eckhardt

Place of Business, 269 Eastern Ave *Address,* 269 Eastern Ave

[illegible] M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 66873 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Chas Dickelstuh Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 3 ½ D.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 327 Williams St

Cause of Death, First, (Primary,)

Second, (Immediate;) Asthenia

Duration of Last Sickness, 3 ½ days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial. May 25th 83

Undertaker B. Hall

Place of Business, 82 West St

Geo. H. Dunn M. D.
Medical Attendant.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12 Board of Health, City of Baltimore,

Permit No. 66874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shaffer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 63 Years, 2 Months, 13 Days

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Manchester Md.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number} 279 W. Hoffman St.

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate,) "

Duration of last Sickness, about Two years

All the above information should be furnished by the Physician.

Place of Burial, Manchester Md.

Date of Burial, May 26th 1883 H. R. Fetterhoff M. D. Medical Attendant.

Undertaker, Wm Wegner

Place of Business, 202 N Eutaw St. *Address,* 203 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 6685 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days, V

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 37 Willow St.

Cause of Death, First (Primary), Congestion of the brain

Second (Immediate). 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 25th

Undertaker H. C. Weidefeld

Place of Business, 90 Greenmount Ave

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 16876 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Darrell

Sex, Male or Female, {Cross out the word not required in this line.} V

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 41 Valley st.

Cause of Death, First (Primary), Phthisis

Second (Immediate), 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 27th

Undertaker H. C. Weidefeld

Place of Business, 90 Greenmount Ave *Address,*

Thos Bruce Bayne M. D.
Medical Attendant.

From Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of the last sickness, and in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66877 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter C. Eleth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and Number.} 93 Randall

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 14th 1883

Undertaker, Chatham Camp

Place of Business, 263 Light M

Dr. Cook M. D.,
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

A

Board of Health, City of Baltimore,

Permit No. 66878 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 25 1883

Date of Death, 25th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylum of the Little Sisters of the Poor cor. John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Age & General debility

Duration of Last Sickness, Asso months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 25 1883

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

Wm Brooke Owens M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66879 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1883

CERTIFICATE OF DEATH.

Date of Death, May 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Doyle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 195 Castle St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 26

Undertaker, H. W. Gardner's

Place of Business,

Geo. N. Dixon M. D.,

Medical Attendant.

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to this Schedule of Notices, and to the Certificate of Death.

Board of Health, City of Baltimore,

Permit No. 66880 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1883

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C McGinny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Mos. 1 23 *Years,* *Months.* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cedar Hill Co.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8 Guilford Lane

Cause of Death, First (Primary),

Second (Immediate) Heart Hypertrophy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 26 1883

Undertaker C F Krause

Place of Business 209 Hanover *Address,* 101 E. Baltimore St

Dentist M. D.

Medical Attendant.

Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of t

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25, 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Bascom Abert

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days*

Color, White *Sex,*

Married, ~~Single,~~ *Widow* or ~~Widower,~~ { Cross out the words not required in this line. }

Occupation, a Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 104 W. Monument

Cause of Death, { First (Primary,) Epithelioma (cancer) of { Second (Immediate,) the uterus.

Duration of Last Sickness, Quarter first Dec. 12, 1882

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 26th 1883

W. T. Howard M. D.
Medical Attendant.

{ *Undertaker,* W. W. Jenkins & Sons
{ *Place of Business,* Park & Saratoga Sts. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 66882 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1883

CERTIFICATE OF DEATH.

Date of Death, May 22-1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida A. Jones.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 152 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms.

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 24-1883.

Undertaker, Geo Perkins

Place of Business,

Geo. H. Emm M. D.

Medical Attendant

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2: - *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

John E Dunning

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and [illegible]

Board of Health, City of Baltimore,

Permit No. 6683 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1893

CERTIFICATE OF DEATH.

Date of Death, May 26th 1. A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Rehtaurwaldt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Six (6) *Months,* — *Days,*

Color, Colute

Married, Single, Widow or Widower, {Cross out the word not required in this line.} - - - - - / - - - - - -

Occupation - - - - -

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 66884 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS MAY 26 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reeb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 12 Dover st

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, The 27th May 1883

James Boxley M. D.
Medical Attendant.

Undertaker John P. Saulsbury

Place of Business, 66 Frolich ave *Address,* 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66885 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT
MAY
1883
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Davis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 79 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give street and Number.} # 163 West John Street

Cause of Death, First, (Primary,) Hemiplegia complete

Second, (Immediate,) Inanition

Duration of Last Sickness, about 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Union Meeting House

Date of Burial, May 28, 1883

Undertaker, J. J. Andrews

Place of Business, ~~Lombard~~ Hill Ave

J. C. Whitford M. D.
Medical Attendant.

Address, 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 66886 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 25 th. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gruder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 99 Poppleton St.

Cause of death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 26 th 1883

Undertaker, M. L. Hair

Place of Business, 317 N Albany Av *Address,* 561 W Fayette St.

Samuel H Woods M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66887 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Grafe

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, X *Years,* 3 *Months,* 11 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 249 N. Eden St

Cause of Death, First, (Primary,) Inanition (Cleft Palate)

Second, (Immediate,) Cerebral Anaemia

Duration of Last Sickness, Never well

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 27 83

Undertaker, Wm. H. Hartman

Place of Business, 234 E. Pratt St

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 66888 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} —

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 hours *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, 18 hours

Place of Death, {Give street and Number.} —

Cause of Death { First (Primary), ...
Second (Immediate), Lung disease

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Ed

Date of Burial, May 24

Undertaker G Rinehart

Place of Business, ...

F G Connolly M. D.
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 66887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1883

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 6 *Months,* *Days.*

Color,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Fireman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Burned to Death

Cause of Death, First (Primary), Accidentally Burned

Second (Immediate), Suffered Sudden Death

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, ~~[illegible]~~

Date of Burial, May 25

Undertaker [illegible]

Place of Business,

Chas H. Morgt M. D.
Medical Attendant.

Address, 67 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No 66890 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1883

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Neal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 12 Laurens Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 12 Laurens st

Cause of Death, First (Primary), Consumption.

Second (Immediate),

Duration of Last Sickness, Always sickly. Bad-recovery all the winter.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Lotus

Date of Burial, May 26 1883

Undertaker Maryann # Pye

Place of Business, Mail Cemetery Office

W. D. Booker. M. D.
Medical Attendant.
for Dr J H Barkley.

Address, 152 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6891 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frieda Small

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 27th 1883

Undertaker, Chas T Scrivener

Place of Business, 271 N Eutaw St

E. Lincoln M. D.
Medical Attendant.

Address, 92 Webster St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66894 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lee

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va,

Duration of Residence in the City of Baltimore, 28 years,

Place of Death, {Give street and Number.} 66 Battee Ave

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) "

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 27th

Undertaker, C. K. Todd

Place of Business, 14 Hanover

C. D. Smith M. D.,

Medical Attendant.

Address, 329 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6893

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 25. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Louisa Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 477 N. Gilmore Street

Cause of Death, First, (Primary.) Acute Phthisis

Second, (Immediate.) Anæmia

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27th 1883

Undertaker, John Mason

Place of Business, Pay & Light Sts

Maurice Brown M.D.,
Medical Attendant.

Address, 68 W. Cullod St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 66874 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Lalkemier

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 476 Canton ave

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, May 27 1883

Undertaker L. Ritz

Place of Business, 129 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66895 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May the 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One Years, 6 Months, Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 68 East St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. May the 26th

Undertaker, Mr Dongen

Place of Business, East St.

Geo. W. Brown M. D.
~~Medical Attendant.~~

Address City Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 66896 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 24 1883

Full Name of Deceased, {Write legibly and fill correctly. If an infant not named, give names of parents.} Miss Kate Deneanger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,* 7

Color, White

~~Married~~, Single, ~~Widowed~~, ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All Her Life

Place of Death, {Give street and Number.} No 168 Myrtle Ave

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Balto Co

Date of Burial, May 26th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Thomas Shearer M. D.,
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9

Board of Health, City of Baltimore.

Permit No. 66897

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26/83.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hardesty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 9 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 27th

Undertaker, G Rheinhardt

Place of Business,

I. J. Wood M.D.,

Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66898 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Berry.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 24 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 28 Etting St.

Cause of Death, First, (Primary.) Catarrhal Pneumonia.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 4 days?

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 28 May

Undertaker, J. J. Whelmes

Place of Business, 33 Penn Av

Dr. Rickert M. D.
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna A. Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 17 Leadin Hall St

Cause of Death { First, (Primary,) Paralysis
, { Second, (Immediate,)

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 27th 1883

Undertaker, S. W. Thomas

Place of Business, 198 S. Howard St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 66900 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Henry Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* 4 *Months,* 16 *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country; and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 117 York

Cause of Death, First, (Primary.) Inflamation Brain

Second, (Immediate,) Coma

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1883

Undertaker, H Ross

Place of Business, 95 Norward St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 66901 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) 2

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, May 26

Undertaker, F C H Blizzard

Place of Business, 178 Pen av

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 66902 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. F. Plazzemyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 2 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infantile

Place of Death, {Give street and Number.} 80 E. Baltimore St.

Cause of Death, First, (Primary,) Pneumonia Double

Second, (Immediate,) Malnutrition

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 27/83

Undertaker, Thos F Hughes

Place of Business, 60 & Balto St

C. W. Kouck M. D.
Medical Attendant.

Address, 95 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66903 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis A Harman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Fem

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 213 Jefferson st

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician. Attendance 3 mos

Place of Burial, Balto. Cemetery

Date of Burial, May 27th 1883

Undertaker H. H. Daiger

Place of Business, 74 S. Bway

Jno C Benzinger M. D.
Medical Attendant.

Address, Bond & Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66904 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Mook

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 4 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eutaw St — Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 286 E Monument St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 27 th 1883

Undertaker, John D Macher

Place of Business, No 150 Camden St

D. V. Moyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66905 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Schwartz

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Mos.

Place of Death, {Give street and Number.} 10½ Parkin pl.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Scheid bad fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cem.

Date of Burial: May 27/83

Undertaker, J. S. Cook

Place of Business, 507 W. Balto. *Address,*

C. Lentmann M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Board of Health, City of Baltimore,

Permit No. 66906 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } Stevens Lyle

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 53 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation — — —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany, 30 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 325 N. Central Ave

Cause of Death, First (Primary), Nervous Prostration

Second (Immediate), Anemia

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, May 28, 1883

Undertaker Henry Hoeth

Place of Business, 309 Central Ave

C. C. Fisher M. D.
Medical Attendant.

Address, 1 E. Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66907 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Brennen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Germany (37 yrs)

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and Number.} Dorsett St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Acute Bronchitis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 29, 1883

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

Oscar J. Cokery M. D., Medical Attendant.

Address, 158 N Colvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66908 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1873

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin Nebeker Beard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 145 Commerce

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of Last Sickness, one week

At the above Information [redacted]

Place of Burial, [redacted]

Date of Burial, May 27th

Undertaker, H. F. Bell M. D., Medical Attendant.

Place of Business, #131 Hanover Address, 57 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6909 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Siegrist

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth } Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and Number. } 73 Lancaster

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, May 27 1883

Undertaker Wm Saunders & Son

Place of Business, 252 Lombard *Address,* 543 Eutaw

John H Kellogg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 66910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella M. Hunsly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 53 Pearl St.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 53 Pearl St.

Cause of Death, {First (Primary,) Epilepsy

Second (Immediate,) During nearly all her life I think

Duration of Last Sickness, having seen her only a short time before death

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, May 27 83

J. C. Harris M. D.
Medical Attendant.

Undertaker, Alf Hunsly

Place of Business,

Address No 360 Lexington St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and date of death, except in cases of births and deaths of illegitimate children.

13

Board of Health, City of Baltimore.

Permit No. 66911

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26th 4 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Era Spangenberg

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give street and number.} 398 W. Lombard St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, May 28th 1883

Undertaker, D Wiegand

Place of Business, 166 Druid Hill Ave

C. W. Weber M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, MAY 24 1883

Permit No. 66914 *Office of Registrar of Vital Statistics.* Ward 22nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Josie Barnett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 106 Hanover St

Cause of Death, First, (Primary,) Gimal Debility 4 d

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Auburn cemetery

Date of Burial, May 28th 1883

Undertaker, Wm H Burgee

Place of Business, 62 East, St

R H Cathell M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66913 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 2 1883 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jordan H. Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 Years, ——— Months, ——— Days

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Engineman

Birthplace, {State or country, and how long in the United States if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 55 Years.

Place of Death, {Give street and Number.} 111 Short St.

Cause of Death, First (Primary). Paralysis

Second (Immediate). Heart trouble

Duration of Last Sickness; about 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27 1883

Undertaker J. J. Lucas

Place of Business, 53 Jefferson Address 703 W. Lombard

Frances V. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 272 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella A Lambert

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, _____ *Years,* 11 *Months,* 4, 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} _____

Occupation, _____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 415 N. Fremont Street Baltimore

Duration of Residence in the City of Baltimore, All her life,

Place of Death, {Give street and number.} 415 N. Fremont Street,

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) do.

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday May 27th 1883

Undertaker, Conrad Zunkel

Place of Business, No 60 Park ave.

Harry L Byrd M. D.
Medical Attendant.

Address 127 N. Arlington Ave

Gladfelter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66915 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 2 1883 10

CERTIFICATE OF DEATH.

Date of Death, May 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kehoe

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 47 Sterling St

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, May 27 1883

Undertaker, Jas P Byrne

Place of Business, 637 W Balto St

H. Wilcox, M. D.,
Medical Attendant.

Address 1211 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1883

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie V Walton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All [illegible]

Place of Death, {Give street and number} 154 Pearl St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) Asphyxia

Duration of last Sickness, Ailing for about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 28

Undertaker, Walter Grinnell

Place of Business, 315 W. Biddle *Address,* N E Cor Mulberry & Greene

Wm B Purvis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66917 *Office of Registrar of Vital Statistics,* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1883

CERTIFICATE OF DEATH.

Date of Death, Mai 26th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Land

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation ? ? ?

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and Number. } 261 S. Hwd

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 27th

Undertaker H Hipsley

Place of Business,

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66918 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 27 1883

Date of Death, May 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Era Readey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and Number.} 41 Randall St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28

Undertaker, Henry Brickell

Place of Business, Hanover St 81

D. A. Cooke M. D.,
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66919 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 27 1883

Date of Death, May 25th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} H. vinent Infant Asylum

Cause of Death, First, (Primary,) Tuberculer Meningitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie View

Date of Burial, May 27/83

Undertaker, Jas. Carroll

Place of Business, Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Harlem ave. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66920 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1883

CERTIFICATE OF DEATH.

Date of Death, May 24th - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Elis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} St. Vincent's Infant asylum. Marasmus.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 60 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 27th 1883

Undertaker, Jas. Carole

Place of Business, Divine & Emmert

R. H. Goldsmith M. D.,
Medical Attendant.

Address, Baker av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6692 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1883

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Myers.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum

Cause of Death, First, (Primary,) Meningitis.

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Interred or Removed.

Date of Burial, May 27/83

Undertaker, Jas. D. Carroll

Place of Business, Divine & Ground

R. McE. Goldsmith M. D.,
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2959 Thurs

Board of Health, City of Baltimore.

Permit No. 66922 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ada Hinebaugh

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months.* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 23 N. Chapple St.

Cause of Death. First (Primary), Puerperal Peritonitis

Second (Immediate), Pyaemia.

Duration of Last Sickness, Unable to state as a midwife was in attendance.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, May 28th 1883 } G. G. Lusk M. D.

Undertaker W. S. Ide & Son } Medical Attendant.

Place of Business, 252 Caroline St. *Address,* Balt. & Bond Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Clara Catling

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 15 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England 5 mos

Duration of Residence in the City of Baltimore, 65 Holland

Place of Death, {Give street and number} Pneumonia

Cause of Death { First, (Primary,) ..... Congestion Lungs
Second, (Immediate,) ..... 6 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 28th 1883

Undertaker, Henry Meginnis

Place of Business, No 8 Central ave *Address,* 196 E. Baltimore

Wm A. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 66924 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lee Boyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Missouri

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and Number.} 119 Hanover

Cause of Death,
First (Primary), Diabetes Insipidus
Second (Immediate), Epileptiform Convulsions
Duration of Last Sickness, About Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 29th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

W. B. Pilkington M. D.
Medical Attendant.

Address, 256 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6625 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1883

CERTIFICATE OF DEATH.

Date of Death, May 26 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Marshall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth ✓

Place of Death, {Give street and Number.} 495 Light St

Cause of Death, First (Primary),

Second (Immediate) Congestion of the Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 28 1883

Kerr Cox M. D.
Medical Attendant.

Undertaker Daniel Tilyou

Place of Business, 107 West St *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 9 of Regulations on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66926 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Wentworth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore 58 North Market Space

Duration of Residence in the City of Baltimore, 14 Years 4 Months 14 Days

Place of Death, {Give street and Number.} 58 North Market Space

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, Six years

At the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemy

Date of Burial, May 29

D. W. Hellmann M. D.,

Medical Attendant.

Undertaker, C. E. Russ

Place of Business, 62½ N. Eutaw *Address,* 120 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

10 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 66927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter L. Schiemeyer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 Years, 9 Months, D.

Color, White

~~Married, Single, Widower or Widow~~, {Cross out the word not required in this line.} child

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 268 Mulberry St

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Congestion of Brain

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, 28th

Undertaker, C. Rohde

Place of Business, 4 S Penna Ave

H. R. Fechtenbach M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

14

Board of Health, City of Baltimore,

Permit No. 66928

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 28 1883

CERTIFICATE OF DEATH

Date of Death, May 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roy Hatsler Marsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 5 Months, 8 Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 S. Schroeder St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Inflammation of Stomach.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 28th 1883

Undertaker, S. M. Leonard & Son

Place of Business, 182 W Baltimore

H. H. Weber M.D.,
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6629 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Hill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 30 N. Arlington Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Bronchitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Ch

Date of Burial, May 29 1883

Undertaker, L Hines

Place of Business, 317 Mulberry Address 30 N. Carrollton Ave.

J. W. C. Cuddy, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66920 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 27th '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Pistel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~[illegible]~~ *Years,* 10 *Months,* — *11 Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and Number.} 28 S. Howard St

Cause of Death, First, (Primary,) Congestion Brain

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 28th 1883

Undertaker, Chas T. Scriven

Place of Business, 271 N Eutaw St

Jeff D Powell M. D.
Medical Attendant.

Address, 178 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Reverse Side.

Board of Health, City of Baltimore,

Permit No. 66931 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, May 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wagner

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation ~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 86 h. Clinton

Cause of Death, First (Primary), Scarlatina diphtheritica

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alyssonius Cem.

Date of Burial, May 28th 1883

Undertaker A. Koehler

Place of Business, 244 E. Lombard St *Address,* 244 E. Lombard St

J. Farnen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6732 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 3

CERTIFICATE OF DEATH.

Date of Death, May 26, 1883

Full Name of Deceased, {correctly. If an Infant not named, give names of parents.} Annie Linda Perry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, Color d

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 174 Pearl St

Cause of Death, First, (Primary,) Myelitis

Second, (Immediate,)

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 29th 83

Undertaker, A. E. Kinsley

Place of Business, 116 Orchard St

J. E. Atkinson M. D.,
Medical Attendant.

Address, 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Advised to the Directions Below, and to Those on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66933 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1893.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Wohlring

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } N. 30 Williams St.

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 23

Undertaker, B. Mark

Place of Business, 82 West St.

Henry Salzer M. D.,
Medical Attendant.

Address, 169 N. Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Board of Health, City of Baltimore,

Permit No. 66934 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 3

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sheckeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Nine *Years,* *Months* Seventeen days *Days,*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 89 Bank Street

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 28th 1883

Undertaker, Peter Frey

Place of Business, 91 Essex Av.

Wm H. Claudius M. D.,
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

N.B. I saw the case one hour before she died.
W.H.C.

18 Board of Health, City of Baltimore,

Permit No. 66935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Justice

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *D.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 21 Diamond St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, About 5 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 28

Undertaker, [illegible]

Place of Business, 198 [illegible]

Nathan R. Foster M. D.
Medical Attendant.

Address, 23 Hamilton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66936 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 29 1883

Date of Death, 5.26.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Summers

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 36 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 417 Lancaster

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of Last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 28th/83

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

H. H. Eastman M. D.,

Medical Attendant.

Address, 347 Lan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6687 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 1883

CERTIFICATE OF DEATH.

Date of Death, May 26th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephraim Lanahee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 Years 6 Months 5 Days,

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} N. 33 d. Calhoun St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30 1883

Undertaker, Holbrook Jenkins & Sons

Place of Business, Park & Saratoga

Address, N. 99 d. Charles St.

Thomas Sheaper M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 66938 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1883

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia F. Maudrich

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 2 *Months,* *Days.*

Color. White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death. {Give street and Number.} 72 George St

Cause of Death. First (Primary). Cancer of the Oesophagus

Second (Immediate).

Duration of Last Sickness. Five weeks

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial, May 28

Undertaker Walter Immel

Place of Business, 315 W Baltimore *Address,* 5 Franklin St

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66939 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.—

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Reid

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life long

Place of Death, {Give street and Number.} Corner of Wyeth & St. Peters

Cause of Death, {First, (Primary,) Diabetes Mellitus

Second, (Immediate,) Asthenia

Duration of Last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, May 29th 1893

Undertaker, Amtmann Dairy

Place of Business, 263 Light

J. H. Hoffman M.D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate children~~.

[OVER.]

13

Permit No. 6940

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 28 1893

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Eliza Bingham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 67 Parkin St.

Cause of Death, First, (Primary.) Old Age.

Second, (Immediate.) Indigestion

Duration of Last Sickness, about 3 or 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 28 1893

Undertaker, Joseph B Cook

Place of Business, 107 West Baltimore

H. [illegible] M.D.,

Medical Attendant.

Address, 298 N. Gilmor St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 66911 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie L. Watts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 45 Hanover

Cause of Death, First (Primary), Bad Drainage

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholam

Date of Burial, May 28th

Undertaker Wm Eilau

Place of Business, 101 Gough St

J. Ridgway Dulin M. D. Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66942 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT TO A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Doane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 9 *Months,* 6

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Clerk

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Portsmouth England

Duration of Residence in the City of Baltimore, Since 1818

Place of Death, {Give street and Number.} No 277 Townsend St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Stomach

Duration of Last Sickness, Nov 1882

All the above information should be furnished by the Physician.

Place of Burial. Loudon Pk

Date of Burial. May 28

Undertaker, J. F. Doane

Place of Business,

Jno Connee M. D.
Medical Attendant.

Address, 162 E. Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 66943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Tierney

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 7 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 72 Jefferson St

Cause of Death, {First, (Primary,) Catarrhal Bronchitis

{Second, (Immediate,)} 3 (Suppose)

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28th 1883.

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St

Chas H. Marfut, Medical Attendant

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66944 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 7 *Months,* 6 *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation House-hold

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} Peach alley 8

Cause of Death, First (Primary). Acute Laryngitis

Second (Immediate). Asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Stark St. Cemetery

Date of Burial, May 28

Undertaker H Ross

Place of Business, 95 Lombard St

J. D. Iyer M. D

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66945 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Harriet A. Glasgow

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Cook ✓

Occupation Chesterton Md.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 50 yrs

Duration of Residence in the City of Baltimore, 192 Bolton St

Place of Death, {Give street and Number.}

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Few minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, May 29th 1883

Undertaker Fred J Gray

Place of Business, 65 Baltimore St

Alexander Tinsley M. D.
~~Medical Assistant.~~

Address, Corner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

Board of Health, City of Baltimore,

Permit No. 66946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elenora Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 12 *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No. 2. Maryland Ave

Cause of Death, {First (Primary,) Malnutrition

Second (Immediate,) Inanition

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 28th 1883

Undertaker, Wm Samuel Gray

Place of Business, 63 Mulberry St

L. E. Lindsay M. D.
Medical Attendant.

Address 167 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 6947 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Broefel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* 24 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 257 Mulberry St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Blood Poison

Duration of Last Sickness, 56 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 29th 1883

Undertaker, F. Lewis Lehr

Place of Business, [illegible] *Address,* 55 N. Greene St

C. P. Akin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Permit No. 66948

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Six *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 93 Dover st.

Cause of Death, First, (Primary.) Scrofula -

Second, (Immediate.) Inanition

Duration of Last Sickness, Four days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, May 28 1883

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Dr. D. Small M.D.,

Medical Attendant.

Balto & Hom. Dispensary

Address, 251 Maryland Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore. 66949

Permit No. 66949 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Barnett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 10 S. Exeter st.

Cause of Death, First (Primary). Delicatenesp of Constitution

Second (Immediate). Diphtheria

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Hollo Point Cong. Cemetery

Date of Burial, May 29.

Undertaker W. J. Holmwith

Place of Business, 91 W. High St.

E. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66950 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Brooks

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,* 1

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 89 South Hill Av

Cause of Death, First, (Primary,) Pelvic Cellulitis

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Stall Pond Kent Co Md

Date of Burial, May 29th 1883

Undertaker, Wm H Bishop Jr

Place of Business, 97 W Hill ave

W W Atkinson M. D.,
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66951 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

MAY 29 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Palm

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 28 *Days,*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1185 N Howard St

Cause of Death, First (Primary) Malignant Scarlatina

Second (Immediate) Septicaemia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 29th 1883 Wm Gouhel M. D.

Undertaker E. & J. Schlander Medical Attendant.

Place of Business, 200 Sharp St *Address,* 1705 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of the last sickness; also the births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66952 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 1893

CERTIFICATE OF DEATH.

Date of Death, May 27th 1893 6 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Pendleton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Lady.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co. Va

Duration of Residence in the City of Baltimore, Temporary visit to

Place of Death, {Give street and Number.} at residence of Jos. H. 642 W. Franklin

Cause of Death, First, (Primary,) Accidental Burning

Second, (Immediate,) with Coma & Paralysis

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Hanover Co Va

Date of Burial. May 29 93

Undertaker, Henry Welch

Place of Business, 550 W Fayette

A. D. Sutton M. D.,
Medical Attendant.

Address, 823 Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66963 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

RECEIVED MAY 23 2 1883 BALTIMORE

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Schuhmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 245 S Bond St.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), ...

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 28th

Undertaker Wm Gilfillan

Place of Business, ... *Address,* .....

John H. Kehlenger M. D.
Medical Attendant.

Address, 1143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 66934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66934 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Stern

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five years.

Place of Death, {Give street and Number.} 285 N. Durham St.

Cause of Death, First (Primary), Phthisis Pulmonalis Chron.

Second (Immediate).

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, May 28th

Undertaker H Kiffe

Place of Business,

John H Ratchford M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 66965 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1883

CERTIFICATE OF DEATH.

Date of Death, May 28 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Wilhelmina Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation ..... None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Residence

Cause of Death.

First (Primary), Cancer of Breast

Second (Immediate), ...

Duration of Last Sickness, Two Days

the above info mation should be furnished by the Physician.

Place of Burial, Pratt Cem

Date of Burial, May 29th 83

Undertaker G. Frazier

Place of Business, Bank & Wolfe *Address* .....

..... M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66956 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. Clark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore 30 Years

Place of Death, {Give street and Number.} No 767 S Bond St

Cause of Death, First (Primary), [illegible]

Second (Immediate). Phthisis

Duration of Last Sickness, 1 Year 6 Days

the above information should be furnished by the Physician.

Place of Burial, Bal. Co.

Date of Burial, May 29th 83

Undertaker G. O. Frame

Place of Business, Bank & Wolfe *Address* 14 S. Broadway

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66937 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Cadon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 345 N. Amm St.

Cause of Death, First (Primary).

Second (Immediate). Scarlet fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holt. Green Cemetery

Date of Burial, 29th May

Undertaker Adam Fink

Place of Business, 461 W Pratt St *Address,*

Jno Brooke Bay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66968 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 23 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Thies

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 1491 Eutaw St

Cause of Death, First (Primary), Measles

Second (Immediate), Sore throat

Duration of Last Sickness, One week

the above info mation should be furnished by the Physician.

Place of Burial, St Athanasius Cem

Date of Burial, May 29th 83

Undertaker G. J. Frame

Place of Business, Bank & Wolfe Sts *Address,* 542 W. Pratt

J. H. Duffy M. D
(Medical Attendant)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6697 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 25th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ivo Irvine Matthews Wilkerson

~~*Sex*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, 3 h 11 days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~———~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 42 Courtland St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 42 Courtland St

Cause of Death,
First (Primary): Cyanosis
Second (Immediate).

Duration of Last Sickness, From birth 3 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, —

Undertaker John E Haught

Place of Business, Penn Ave

W. H. Emmert M. D.
Medical Attendant.

Address, 84 Hayward St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 66962

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bottwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Collector

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} Cor Gay & Aisquith

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 30th

Undertaker, Geo. Schilling

Place of Business,

D. L. Phillips M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6696 1 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1883

CERTIFICATE OF DEATH.

Date of Death, May 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} Mrs Yo Beck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 79 Lough Street

Cause of Death, First (Primary), Suicide by a pistol wound in

Second (Immediate), the head

Duration of Last Sickness, abt 1 hour

the above information should be furnished by the Physician.

Place of Burial, E P

Date of Burial, May 28

Undertaker G Burchart

Place of Business,

Chas M. Morfit M. D.
Coroner & H
Medical Attendant.

Address, 9 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6612 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Sauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 245 Oak Ave

Cause of Death,
First (Primary).
Second (Immediate). Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 29

Undertaker D. Mark

Place of Business, 42 West St

Theodore Cotte M.D.
~~146 Hanover St~~
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 6692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6693 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Bruce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 72 Years

Place of Death, {Give street and Number.} 61 N. Hollins

Cause of Death, First (Primary). Softening of the Brain

Second (Immediate).

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, May 30th 1883

Undertaker Wm J. Tiefenbrun

Place of Business, 65 S. Eutaw St *Address,* 283 W. Lombard

Edwd F. Michaelis M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66964 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Herman Kaiser~~ May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Kaiser

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 44 43 *Years,* *Months,* *Days,*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Dray Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 135 S. Gay St

Cause of Death. First (Primary), Epilepsy

Second (Immediate), Suppressed

Duration of Last Sickness, Abt 2½ Hours

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 30. 1883.

Undertaker H. Hartmann

Place of Business, 63 N. Eden St

Chas H. Mott M. D.
Medical Attendant.

Coroner's Office
Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 66766 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, May 28th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sister Mary Gabriel Sweeney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Sister at Convent Park st

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give street and Number.} Convent of Visitation Park & Centre sts

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Visitation Convent G.H.

Date of Burial, Wed 30th May 1883

Undertaker, Geo Eastman & Son

Place of Business, Park & Centre sts

C. O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician's attention is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Chambers

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,*

Color, Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and number.} 93 Park ave

Cause of Death, First (Primary,) Pneumonia & suppressed Measles

Second (Immediate,) Inflammation of bowels & Diarrhoea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, West River Md.

Date of Burial, 30th May 1883

Undertaker, H. W. Sullivan & Sons

Place of Business, Cor Saratoga & Eutaw sts

James H. Steuart M. D.
Medical Attendant.

Address 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person

No. 6696

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6696 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wenzel Ulsch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} # 1444 Lancaster St

Cause of Death. First (Primary), Phthisis Pulmonalis (Chronic)

Second (Immediate),

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 31st 83

Undertaker C. France

Place of Business, Bautz & Wolfe

John A. Rehlaender M. D.
Medical Attendant.

Address, 2103 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2, *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66968 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 29 1893

Date of Death, May 29 1893

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Brownback

Laura V. Brownback

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Domestic

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} 1020 E. Chester

Cause of Death. First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 30th 93

Undertaker G. France

Place of Business, Bank & Wolfe St. *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when his case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 66969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, 28th May at 10 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles R. Freeman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* 10 *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single ✓

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 18 Dodson alley

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 18 Dodson alley

Cause of Death { First, (Primary.) ____ Second, (Immediate.) Consumption

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29

Undertaker, H Ross

Place of Business, 15 Conway St

C. A. Richardson M. D.
Medical Attendant.

Address, Southeast Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66970 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, May 29/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Hitaffer

Sex, Male or Female, { Cross out the word not required in this line. } f

Age, 18 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pr Geo Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 130 Ramsay st

Cause of Death, { First, (Primary,) Enlargement of Heart / Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 31

Undertaker, J Bleech

Place of Business,

Jno B Blake M. D., Medical Attendant.

Address, 16 S Howard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certif

Board of Health, City of Baltimore.

Permit No. 6691 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, May 24 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes L. Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 42 E. Madison St

Cause of Death, First (Primary),

Second (Immediate). Phthisis

Duration of Last Sickness, 4 Mo's

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem

Date of Burial, May 30 1883

Undertaker Stark Loch

Place of Business 309 N. Eutaw *Address,* 42 Madison St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6692 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 29 1883

Date of Death, 28th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Welsh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State if in country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Asylums of the Little Sisters of the Poor, Patterson and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Cirrhosis of Liver

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 29th May 1883

Jno Brooke Boyle M. D.,
Medical Attendant.

Undertaker, J. R. Cottrell Jr.

Place of Business, 26 E. Lombard Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66973 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883 [illegible] 30 A.D.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Kornrumpf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* — *Days,*

Color, Colute

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and Number.} H. 13 Barnacle Court

Cause of Death, First (Primary), Purulent Pleurisy

Second (Immediate), Pneumonia

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alexanders Cemetery

Date of Burial, May 30 1883

Undertaker John Herring

Place of Business, 382 Columbus Ave Address,

E. W. Bland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66914 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 83.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* months *Days.*

Color, light yellow

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 209 Rhelburn St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 209 Rhelburn St

Cause of Death, First (Primary), Hydrocephaloid Effusion

Second (Immediate), Bronchitis

Duration of Last Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 29 1883

Undertaker Wilson N Burgee

Place of Business, No 62 East Lind

Ralph Steiner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6696 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Giles

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 12 *Months,* *Days,*

Color, b

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and Number.} 69 North Amm St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 29 1883

Undertaker, Wilson & Duncan

Place of Business, No 62 East Pratt

Wm. [illegible] M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] to Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66976 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Bradford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 13 *Days*

Color, ~~red~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number} 39 Chestnut st

Cause of Death, First, (Primary,) Scrofulus & pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial May 29 1883

Undertaker, Wm E Donegan

Place of Business, No 62 East st

E. A. Baldwin, M. D.
Medical Attendant.

Address 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of [illegible] respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 66977 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Dyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 166 Hanover st.

Cause of Death, { First (Primary), Pneumonia

Second (Immediate), One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Bailey Coons

Undertaker Uhlfelder

Place of Business, W. Fayette Geo. Brooke Ray 6 M. D. Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6698 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mumt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* ~~5 Mo~~ *Months,* ——— *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} Corp. Rice & Ste Delage

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lowdon Pk

Date of Burial, May 30

Undertaker, A Boehler

Place of Business,

Jno. A. Blake M. D.,
Medical Attendant.

Address, 168 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 25th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Jas Henry Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 10 *Years,* *Months,* *Days*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Hard [illegible] Disease

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, [illegible] 1883

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Wm M Mott M.D.
Medical Attendant.

[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

GEO. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

No. 6698

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6698 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie A. Simpson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* …… *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation ……

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dubuque Iowa

Duration of Residence in the City of Baltimore, Thirteen years.

Place of Death, {Give street and Number.} No. 148 John Street.

Cause of Death, First (Primary), Phthisis Pulmonalis (Tuberculer)

Second (Immediate). Hemorrhage from the bowels

Duration of Last Sickness, Twelve months

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 30th 1883

Undertaker John J Andrews

Place of Business No 416 Druid Hill Ave *Address,* No 58 N Liberty St

H H Simpson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 66981 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. MAY 30 1893

CERTIFICATE OF DEATH.

Date of Death, May 29th 1893

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Riley

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Malta

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 111 Aisquith St

Cause of Death, First (Primary). Phthisis Pulmo

Second (Immediate). Exhaustion

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 31

Undertaker J. F. Byrnes

Place of Business,

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 6698 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6 6 9 8 2 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1883

CERTIFICATE OF DEATH.

Date of Death, May 29. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jem L. Hathcock.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 44 Spring Row.

Cause of Death, First, (Primary,) Senility

of

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31/83

Undertaker, Denby & Mitchell

Place of Business, 66 S Broadway Address, 75 E Balto St

D. H. Houck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, &c. and Other Records, Saturday

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66983 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1883

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Randolph Sparks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 86 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Train Agent N.C. & R.R.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 705 N Bond St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, May 31st 1883

Wm. B Billingslea M. D.
Medical Attendant.

Undertaker Henry L Mitchell

Place of Business, 68 S Broadway *Address,* 236 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 66984. *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Klein

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 106 Mulliken

Cause of Death, First (Primary). Insufficiency of M. Mitralis

Second (Immediate). Thrombosis

Duration of Last Sickness, 6 months

All the above Info matters should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31st

Undertaker C. G. Rau

Place of Business, 62½ W. Balto. St.

J. Hattes M. D.
Medical Attendant.

Address, 425 S. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ecords for Burials, to this Office whence issued, Saturday of each week. No. 6694

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66 985 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A. Buttner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and Number.} 337 Aisquith st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Comp

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cl

Date of Burial, May 30 1883

Undertaker Henry Hoeck

Place of Business, 369 N. Eutaw St. *Address,* 256 E. Preston st

M. B. Billingslea M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 66986 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 29 1883

CERTIFICATE OF DEATH.

Date of Death, May 27th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward P Hanratty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 3 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 35 South Front St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, May 29 1883

Undertaker, Jos A Byrnes

Place of Business, 63 Hanover

W M Duffendeffer M. D.,
Medical Attendant.

Address, 1612 Le

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office where issued, Gate [illegible]

The Special Attention of [illegible] is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* 5

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 99 Franklin

Cause of Death { First, (Primary,) Croup (Membranous)
, { Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, W. Ev. Cem.

Date of Burial, May 30 1883

{ *Undertaker,* J. O'B & Byrne
{ *Place of Business,* 62 Hanover

Jno. P. Dales M. D.
Medical Attendant.

Address, 1st & Exeter Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 6698

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No 66988 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 30 1883

CERTIFICATE OF DEATH.

Date of Death, May 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilmot C. Harvey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 98 Wash Ave

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 31

Undertaker Amasa Penny

Place of Business,

Edward Coale M.D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit for Burials, to the Office whence issued ... No. 6989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6989 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 HEALTH DEPT.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto ~~Dietrich~~ Wippert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 937 Balto. St.

Cause of Death, First, (Primary,) Scarlet Fever & Diphtheria

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudenpark Cem

Date of Burial, May 30th 1883

Undertaker, Julius Koehler

Place of Business, 1 Sharp & Cross Sts. *Address,*

L. G. Lintheicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 66990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66990 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hays

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Ovarian Dropsy

Second, (Immediate,) Ovariotomy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co

Date of Burial, May 31

Undertaker, J Bleech

Place of Business,

C. Fussell M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office when ... Saturday of each week. 6 6991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66991 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1883 REGISTRAR

CERTIFICATE OF DEATH.

Date of Death, May 28 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Timothy H. O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 51 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 80 Lawrence st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of Last Sickness, 10 yrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 31st 1883

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway.

P. G. Dausch M. D.,
Medical Attendant.

Address, 3 N Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of ... week ... May 1883

The Special Attention of ... is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66992 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH MAY 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren Walsh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, Dentist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 2d 73 N. Liberty St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Bronchiectasis

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem.

Date of Burial, May 30th 1883

Undertaker, Jos F Byrne

Place of Business, 57 N Liberty St

Edward A. Davis M. D.
Medical Attendant.

Address, 270 Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 66993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66993 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

MAY 30 1883

Date of Death, May 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Moylan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 57 S. Wolfe St

Cause of Death. First (Primary). Pneumonia

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, May 30th

Undertaker M. Clark & Son

Place of Business, 64 E. Lanvale *Address,* 218 Bridge Way

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office where issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66994 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ellen Long

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, 1 *Years,* 1 *Months,* ... *Da*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 42 N Calvert

Cause of Death,
First (Primary), Scarlet Fever
Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, May 31 1883

Undertaker ...

Place of Business, ...

Geo B Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...day of each week. No. 66495

...respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66995 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 22 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Bryan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Thirty one *Years,* — *Months,* — *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } S

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Easton Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and Number. } 131 Saratoga St.

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Pneumonia

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30th

Undertaker Hansen & Clemens

Place of Business, 13 Hanover

W. H. Stobbe M. D.
Medical Attendant.

Address, 281 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

...ssued, Saturday of each week. No. 6[illegible]

The Spe... ...ly invited to the Remarks Below, and to List of Diseases on Back of this Cer...

...oard of Health, City of Baltimore,

Permit No. 66996 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...TH DEPARTME... MAY 30 ... 1883 ...ORE

CERTIFICATE OF DEATH.

Date of Death, May 29th '83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna J McCauley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* ..... *Days.*

Color, white

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 421 Franklin St.

Cause of Death, First (Primary), Chronic Pleurisy

Second (Immediate).....

Duration of Last Sickness, six years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 31

Undertaker Amos Kemp

Place of Business, 263 Light St

J. H. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

[redacted] issued, Saturday of each week. [illegible]

The [illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 66994 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 30 1883 BALTIMORE

66997

CERTIFICATE OF DEATH.

Date of Death, May 30th 183

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Murphy

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 14 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, ——————

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 25 William St.

Cause of Death, { First, (Primary,) Lien Loca / Second, (Immediate,) .....

Duration of Last Sickness, Called upon 24 hrs before death

All the above information should be furnished by the Physician.

Place of Burial, Catholic Trial

Date of Burial. May 31

Undertaker, E. A. Lanzini

Place of Business, ...

John B. Monmonier M. D. Medical Attendant

Address, 6 W. Saratoga Room

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 66991

The Special ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, personally or ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McBride

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 38 yrs *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country; (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seventeen

Place of Death, {Give street and number} 13 Hillman St.

Cause of Death { First, (Primary.) Puerperal Eclampsia
Second, (Immediate.) Asthenia & shock.

Duration of last Sickness, Twenty four Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 1st

Undertaker, H. C. Wiedefeld

Residence of Undertaker, 70 Greenmount Ave *Address,* 82 Saratoga St

T. A. Ashby M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

CITY PRINTERS AND STATIONERS.

The Special Atten… …below, and to List of Diseases on back of this Certi…

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 66999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, 30th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis McKernan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 hours *Years,* *Months,* *Days*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 361 N. Howard Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 361 Howard St.

Cause of Death, {First (Primary,) Unknown

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 31st 1883

Undertaker, Chas. Scriven

Place of Business, 271 N Eutaw St

Geo. J. Collins, M. D.
Medical Attendant.

Address 80 N. John Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

…ion 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of Death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Th[illegible] Board of Health, City of Baltimore,

Permit No. 67000 Office of Registrar of Vital Statistics. Ward 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Holmes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} 11 Days

Age, 8 Years, 7 Months,

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 40 N. Wolfe St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 31st 1883

Undertaker, Lemmy & Mitchell

Place of Business, 65 S Broadway

Medical Attendant, [illegible]

Address, 137 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physician ... May survive as the Relatives Below, viz.

Board of Health, City of Baltimore,

Permit No. 6001 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAY 31 1883

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Clough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} ... Days,

Age, 37 Years, ... Months, ...

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md. 17 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 204 Mosher St.

Cause of Death, First, (Primary,) Paralysis of Lungs

Second, (Immediate,) Asthenia

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co Md

Date of Burial, May 31st 1883

Undertaker, Metropolitan Union

Place of Business, Park Square

Medical Attendant, Alan P. Smith M.D.

Address, 45 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention ... is necessary ... k of this Certificate.

8

Board of Health, City of Baltimore,

Permit No. 67092

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 3d May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Fitts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 263 S. Paca

Cause of Death, First, (Primary.) Enteritis Gastritis following

Second, (Immediate.) Pleurisy & Capill: Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 31st May 1883

Undertaker, H.W. Jenkins & Sons

Place of Business, Park Avenue & Fayette St. *Address,* 27 Cathedral

C. B. Gaw & M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 6700

Board of Health, City of Baltimore,

Permit No. 66003 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard S Coles

Sex, Male or Female, {Cross out the word not requred tu this tine.}

Age, Years, Months, 2 Days, 1

Color, W S

Married, Single, Widow or Widower, {Cross out the word not requred tu this tine.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 5 Watson St

Cause of Death, First (Primary), Measles

Second (Immediate).

Duration of Last Sickness,

the above info matton should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, May 31

Undertaker T J Parks

Place of Business,

Geo W Gluck M. D.
Medical Attendant.

Address, Mr of Death

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permits for Burials, to the Office whence issued.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 6[illegible]

16

Board of Health, City of Baltimore,

Permit No. 6[illegible]0 04

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth King Ritter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 9 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Md thirty six years

Duration of Residence in the City of Baltimore, about thirty five years

Place of Death, {Give street and number.} 218 E Baltimore St

Cause of Death, First (Primary,) Rheumatic Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, nearly six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 1st 1883

Undertaker, L. Weigand

Place of Business, 166 Druid Hill Ave *Address* 49 McCulloh St

N. G. Ridgely M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials in the Office whence issued, Saturday of each week.

No 67

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67005 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31/83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. W. Theo Stockman

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} 134 S. Dallas st.

Cause of Death, First (Primary), old age.

Second (Immediate). Dropsy 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 2nd

Undertaker Michael Funk

Place of Business, 35 Bond St. *Address,* 167 S Broadway

R. W. Mansfield M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67006 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant, not named, give names of parents.} John McKinnell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 51 yrs

Place of Death, {Give street and Number.} 71 St Paul St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness,

At the above information should be furnished by the Physician

Place of Burial Green Mount Cem

Date of Burial. May 31st 1883

Undertaker, PITCHER & HOWTH, UNDERTAKERS,

Place of Business, 30 Park Ave.

Dr. [illegible] M.D.

Medical Attendant.

Address, 121 [illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is respectfully ... to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 6807 *Office of Registrar of Vital Statistics,* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ollie M. Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 22 *Years,* — *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } Single

Occupation, Stone Cutter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 15 N. Fremont

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 15 N. Fremont St.

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, 1 week "

All the above information should be furnished by the Physician.

Place of Burial. Bath (Cemetery)

Date of Burial. May 31 83

{ *Undertaker* Denny & Metzger

{ *Place of Business* 550 W. Fay St. *Address,* 39 N. Eutaw St.

Thomas Obie. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 67[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore.

Permit No 67008 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 29 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Stuart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 599 - E. Eager - Ave

Cause of Death, First (Primary) Senile Debility

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lowdonth

Date of Burial, May 31st

Undertaker J E Forsyth

Place of Business, H E Hitch M. D. Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 67009 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nora M. Guy

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 5 Month

Place of Death, {Give street and Number.} 16 Montrose pl

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), ~~11 days~~

Duration of Last Sickness, 11 days

The above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Sept 1st 83

Undertaker P. C. Tull

Place of Business, 161 Hanover *Address,* 319 Hollins

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

KODAK SAFETY

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 67010 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 31 1883

Date of Death, May 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Dominick Hogan

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, alt 25 Years

Place of Death, {Give street and Number.} 114 Dugan Wharf

Cause of Death, First (Primary), 3 Nervous Prostration

Second (Immediate).

Duration of Last Sickness, 14 Days

the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 31st 1883

Undertaker Jas O Byrne

Place of Business, 63 Lamb

Chas. W. Morfit M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children; [OVER.]

Permits for Bu[rial] of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6701 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1893 MAY 31 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Collins Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 2 *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 1 x alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 14 x alley

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. June 1

Undertaker. J. Ross

Place of Business, 95 Conway St

W. H. Wiley M. D., Medical Attendant.

Address, 156 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 6701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6701 2 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chalon Sadler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ..... *Days.*

Color, Colt

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balty

Duration of Residence in the City of Baltimore, 1 — 10 —

Place of Death, {Give street and Number.} 202 York St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetery

Date of Burial, May 31

Undertaker H. Ross

Place of Business, 95 Lonsdale St

R. P. Ellis M. D.
Medical Attendant.

Address, 213 Lytle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and f death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6/013 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, May 30, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 97 L Church

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31

Undertaker H. Ross

Place of Business, 95 Lombard St

[signature] M. D.
Medical Attendant.

Address, 46 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 67014 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 31 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guston Beard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 502 Gough

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) ———

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 1 83

Undertaker, J. B. Cook

Place of Business, 917 W. Balto St. *Address,* 168 Pacific

Jno. D. Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6701b *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Sloane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Retired Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 357 Hollins st

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 2 1883

Undertaker J B Cook

Place of Business, 707 W Balto St

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office w...

No. 6...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore.

Permit No. 6016 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30 1883

Full Name of Deceased, { White legibly and spelt correctly. If an infant not named, give names of parents. } Geo. Haynes Robinson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 8 Months, 1 Days

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Port Gibson Miss.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and Number. } 101 Pine

Cause of Death, First (Primary), [redacted] ~~Hemia~~ Purpura Haemorrhagica

Second (Immediate), Typhoid

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, June 1 1883

Undertaker J. B. Cook

Place of Business, 707 W. Baltimore Address,

...M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

18 (88)

Permit No. 67017

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Kaelin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 984 Mitchell Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, May 31 1883

Undertaker, J. B. Cook

Place of Business, 717 W. Balto St. *Address,* Carroll P.O., Balto

Jno. C. Morgan, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of { } invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6701 8 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Horton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} #21 N. Mount St

Cause of death, First, (Primary) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 2nd 1883

Undertaker, Geo. B. Leach

Place of Business, No 707 N. Gilmor Gay St

Geo H Logan M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of [illegible]

Board of Health, City of Baltimore.

Permit No. 6709 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883

CERTIFICATE OF DEATH.

Date of Death, May 29th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Waldeck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* one *Months,* 11 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty nine years

Place of Death, {Give street and Number.} 27 Lancaster St

Cause of Death, First (Primary), [illegible]

Second (Immediate) Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Gem

Date of Burial, June 1st 83

Undertaker G. Frame

Place of Business, Bank & Wolfe *Address,* 207 S. Broadway

Nicholas L. Dathill, S.M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6702 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of Law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas Small

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 1 Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1080 Pratt Street

Cause of Death.

First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, One Day

the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, May 31st 83

Undertaker G. Frame

Place of Business, Bowers & Wolf *Address,*

J. H. Mills M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 67821 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30 / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Preco

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 26 *Years,* — *Months,* — *Days.*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Maried

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Liberty Road

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31 83

Undertaker, Alex Hemsley

Place of Business, Address,

G. H. Amos M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 67022 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 31 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucian Clay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and Number. } # 91 Granby St

Cause of Death, First, (Primary.) Asthma

Second, (Immediate,) Defalcation or Paralysis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1883

Undertaker, Ch Kassing

Place of Business, 19 E Baltimore *Address,*

Jno. F. Hanson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67023 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 11 1883

Date of Death, May 31/83.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Edward.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 14 *Days,*

Color, White.

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } St. Vincent's Infant Asylum.

Cause of Death, { First, (Primary,) Inanition. Second, (Immediate,) General Debility.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 1883

Undertaker, James Carroll

Place of Business, Irvine & Hammond

Address, Aisquith cor. Eutaw

R. H. Goldsmith M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 67024 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1883

CERTIFICATE OF DEATH.

Date of Death, May 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Wright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington City

Duration of Residence in the City of Baltimore, About Eight years

Place of Death, {Give street and Number.} 214 East Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fr Baltimore Cemetery

Date of Burial, 2nd June 1883

Undertaker, Jas P Byrne

Place of Business, 639 Lexington Address, [illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of P...

Board of Health, City of Baltimore.

Permit No. 67025 *Office of Registrar of Vital Statistics.* Ward No 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 1 1893

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jordan Warden

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 44 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore Twenty yeare

Place of Death, {Give street and Number.} No 10 Low Street

Cause of Death, First (Primary), Heart disease (Enlargement)

Second (Immediate), General Anasarca (Dropsy)

Duration of Last Sickness Six months

* All the above information should be furnished by the Physician.

Place of Burial, Samuel Lemmon

Date of Burial, June 3rd 1893

Undertaker Wm. H. Madden

Place of Business, 46 East St

J. W. J. England M. D.
Medical Attendant.

Address, 394 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 67026 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1883

CERTIFICATE OF DEATH.

Date of Death, March 30, 1883

Full Name of Deceased { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. B. Meade

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months.* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 112 S. Hugh St.

Cause of Death, First (Primary), Malarial Fever

Second (Immediate) Marasmus

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, June 2nd 1883

Undertaker H. Clarke & Son

Place of Business, 92 D Ann

G. H. Rusk M. D.
Medical Attendant.

Address, Balto & Paul. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further ordered and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 6787 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JUN 11 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stella Dorman

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and Number.} 43 Harmony Court

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 21st 1883

Undertaker, C. W. Chase

Place of Business, 199 S. Howard St

W. H. Shinn M. D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67028 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BOARD OF HEALTH JUN 1 1883 BALTIMORE

Date of Death, May. 30 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt. Lewis Price

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 3 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Parrish Ly - north

Cause of death, First, (Primary,) Gastritis, Scrofula

Second, (Immediate,) Exhaustion

Duration of Last Sickness, eleven days

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, June 1 1883

Undertaker, William Dunger

Place of Business, N 62 East st

J. S. Jordan M. D.,
Medical Attendant.

Address, 322 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No 67029 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas E Middendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Policeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 311 N Eden

Cause of Death, First (Primary). Pneumonia

Second (Immediate). Nine days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cem.

Date of Burial, June 1st, 1883.

Undertaker Wm. H. Dickinson

Place of Business, 234 N. Gay St.

Wm Smith M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 6730 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1883

CERTIFICATE OF DEATH.

Date of Death, May 30th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Paul Egger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Cigar M. f'r.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 25 yr

Place of Death, { Give street and Number. } 181 King St.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 3rd 1883

Undertaker Chas T. Scriven

Place of Business, 271 N Eutaw St

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page.

Board of Health, City of Baltimore,

Permit No. 6/031 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 29. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth H. Norris

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 359 N. Bond st.

Cause of Death, First, (Primary,) Chronic Nephritis (Brights Disease)

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, 12 District Balt. County above Gardenville

Date of Burial, June 1st

Undertaker, Eco-Schilling

Place of Business,

Wm A. Hartman M. D.,
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 6/032 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, May 31 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugenia Hartel

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 1/2 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 day 6

Place of Death, {Give Street and Number.} City Hospital Pneumonia

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness, 8 day 6

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem.

Date of Burial, June 1st 1883

Undertaker H. Sanders & Son

Place of Business, 252 Canton Ave *Address,*

W. B. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permits for Burials, to the Undersigned Sexton. No. 67

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67088 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1883 JUN 9

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Leitmann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 60 *Years,* 3 *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria 26 years in U. S.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} William Street 232

Cause of Death, First (Primary), Typhus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 2d June 1883

Undertaker B. Neale

Place of Business, 82 [illegible] *Address,* 224 W. Fayette Street

A. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Received Burial Permit

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on ...

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Dennis Sydnings

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Years, 7 Months, 26 Days.

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 N Pine St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 1st 1893

{*Undertaker,* J. R. Leith / *Place of Business,* 119 W. Baltimore} *Address* 187 Saratoga

Frank W. Turner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 61065 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ohlmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 23 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 S. Broadway

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial. June 2 83

Undertaker, Denny & Mitchell

Place of Business, 62 S. Broadway

Thomas Shaper M. D., Medical Attendant

Address, 199 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to

Board of Health, City of Baltimore,

Permit No. 67036 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 1 1893

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Newman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 51 *Years,* *Months,* *Da*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Canada

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give street and Number. } 1056 7 Hanover st

Cause of Death, First, (Primary,) Metrorhagia

Second, (Immediate,) Cranium

Duration of Last Sickness, about 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial. June 2nd 1893

Undertaker, Jas F Byrne

Place of Business, 59 N Gilbert st

L. C. Bruch M. D.
Medical Attendant.

Address, 151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6707 — *Office of Registrar of Vital Statistics.* — Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 1 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Richards Hayter.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, (Lecturer) Temperance & Sabbath School

Birthplace, {State or country, and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} No. 5 N. Calhoun St.

Cause of death, First, (Primary,) Disease of Heart

Second, (Immediate,) Dropsy " "

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 2nd 1883

Undertaker, Jos. B. Keech

Place of Business, 1707 W. Baltimore

A. G. Fox M. D.,
Medical Attendant.

Address, 506 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 67038 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 31 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Walter Hancock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 546 N. Eutaw St

Cause of Death,
First (Primary), Scarlet Fever
Second (Immediate),

Duration of Last Sickness, 9 days

the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Sept 1st 83

Undertaker D. H. Lecks

Place of Business, 173 Fayette

& W. Janney M. D.
Medical Attendant.

Address, 246 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 67039 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence M. Galewood

Sex, ~~Male or~~ *Female,* {Cross out the word not required, in this line.}

Age, 9 *Years,* 9 *Months,* 7 *Days*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 53 Aliceanna St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Chronic Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 1st 1883

Undertaker J. J. Locke

Place of Business, 873 Fleet St.

W. G. Russell M. D.
Medical Attendant.

Address, 238 n Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Necessity of Filling out this Certificate [illegible]

Board of Health, City of Baltimore,

Permit No. 67048 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday Evening 8 PM May 31st 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 Years, 9 Months, 3 Days,

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Son

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth during life

Place of Death, {Give street and Number.} No 8 O Donnell St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, June 1 1888

Undertaker, G Frank

Place of Business, Bank & Wolfe

J E Pickard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 67041 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* Seven *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 5 Neighbor St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 2

Undertaker, A Funk.

Place of Business,

H. S. Castleman M. D.,

Medical Attendant.

Address, 4 Boundary Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6042 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as required, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 11 1883

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} James Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... Years, 3 Months, ... Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State the country, and now long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and Number.} 21 Lane Alley near Saratoga

Cause of Death, { First, (Primary,) Convolsion and Spasm
Second, (Immediate,) .....

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2d

{ *Undertaker,* H.M. Dunger
Place of Business, ...

{ *Address,* Com. of Health
Medical Attendant Geo. N. Benson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67043 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. May 31. 1883

Full Name of Deceased. {White legibly and spell correctly. If an Infant not named, give names of parents.} Kate Margaret Howe Canty.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death. {Give street and Number.} 332 S. Bond St.

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness. Two months

All the above information should be furnished by the Physician.

Place of Burial, Kelly Cross

Date of Burial, June 2 d

Undertaker W. H. Hilpert

Place of Business,

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Board of Health, City of Baltimore.

Permit No. 6/0414 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *as soon as possible* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson Smith

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 6 *Months,* ..... *Days*

Color White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Commission Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel County Md.

Duration of Residence in the City of Baltimore, Twenty Six years

Place of Death, {Give street and Number.} 217 N. Exeter St.

Cause of Death, First (Primary),

Second (Immediate) Disease of Heart

Duration of Last Sickness. One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 29

Undertaker Guy & Lee

Place of Business, 81 W. Broadway *Address,* 207 S. Broadway

Nicholas L. Dashiell M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 67845 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 2 1883 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Willie Dotterweich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Three Months, Eighteen Days.

Color, White Infant

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 38 Hampstead

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Inanition

Duration of Last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 2 83

Undertaker, Fig & Bro

Place of Business, 54 W Pratt Address, 218 Baltimore

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 67046 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Jones

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 6 2 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 & 3 months

All the above information should be furnished by the Physician.

Place of Burial, Potters Field

Date of Burial, 14th

Undertaker, P. J. Bogdan

Place of Business,

Ralph Steiner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore.

Permit No. 67047 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1883 [illegible]

CERTIFICATE OF DEATH.

Date of Death, May 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lutie Brewer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 0 *Months,* 1 *Days.*

Color, Light Cooper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} No 400 Parrish Alley

Cause of Death. First (Primary), Disease of Heart

Second (Immediate), Dropsy

Duration of Last Sickness, Three Month

the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, 2 June

Undertaker J. Hotchkiss

Place of Business, 336 Pennsylvania Ave *Address,* [illegible]

E. H. Patterson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6704 Office of Registrar of Vital Statistics, Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 2 1883

Date of Death, May 31st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 Years, 10 Months, 15 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Umbrella Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 93 South Potts Mark

Cause of Death, First (Primary). Chronic Rheumatism and Phthisis pulm...

Second (Immediate). Marasmus

Duration of Last Sickness Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St James Centre

Date of Burial, July 4, 1883

Undertaker Henry Hoeth

Place of Business, 309 Central Ave Address, H. W. Elmer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 67049 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1883 REGISTRATION

Date of Death, June 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle M Pumphrey,

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, life,

Place of Death, {Give street and Number.} 384 E Monument St,

Cause of Death, First, (Primary,) Trismus Nascentium,

Second, (Immediate,)

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3rd 1883

Undertaker, Geo Schilling

Place of Business, Aisquith & Fairmount

D M Cathell M. D.,
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 67050 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE JUN 22 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lowry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty one *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give street and number.} 461 E. Balto. St.

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Erysipelas

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th 1883

Undertaker, Denny & Butchell

Place of Business, 660 Broadway

Walter Hay M. D.
Medical Attendant.

Address, 170 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6705 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 2 1883 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, June 1. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis G. W. Hoffa

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 12 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 3407 O'Donnell

Cause of Death, First (Primary).

Second (Immediate). Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 3d 1883

Undertaker W. J. Hill

Place of Business, 123 Columbia Ave.

Howard Cotton M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bk.

Board of Health, City of Baltimore,

Permit No. 6706 2 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 2 1883 BALTIMORE

Date of Death, June 1st 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Hamilton

Sex, Male or ~~Female,~~ { Cross out the word not required in this line } ✓

Age, 3 *Years,* 4 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 146 Eager St E.

Cause of Death, { First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 2

Undertaker, H. C. Widdifield

Place of Business,

Address, 49 Franklin St. Medical Attendant. Claude Van Bibber M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6705 8 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPT. OF HEALTH JUN 2 1883 BALTIMORE

Date of Death, ~~May~~ June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Pratt

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 0 Years, — Months, — Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 734 W Pratt st

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Convulsions two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 3rd 1883

Undertaker, Jos B. Wells

Place of Business, No. 5 E. Baltimore St

Medical Attendant. Hugh Nelson M. D.,

Address, 26 Bruce Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67064 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reshneck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 5 *Months,* 12 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant Tailor

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Kohyaurdz. Bohemia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 732 W. Baltimore St.

Cause of Death, First, (Primary,) Hydroperitonaeum

Second, (Immediate,) Asthenia

Duration of Last Sickness, about one Month

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial. June 4th

Undertaker, Jos. B. Cook

Place of Business, 707 W. Balto St

Nathan R. Porter M. D.,
Medical Attendant.

Address, 23 Hamilton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 67055 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPT. OF HEALTH JUN 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ludwig Doleth

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 80 *Years,* *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Piano-Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and Number.} 429 W. Fayette St.

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) = = & Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 3rd 1883

Undertaker, Jas B Cook

Place of Business, No 701 W. Baltimore

F. W. Lettell M. D.
Medical Attendant.

Address, 318 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No 6706 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1883

CERTIFICATE OF DEATH.

Date of Death, June 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hildred Ehlert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary), Emphysema

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, June 2. 1883

Undertaker H. Sandy Jun

Place of Business 202 Canton Ave *Address,*

H. Ellert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6705 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1983

CERTIFICATE OF DEATH.

Date of Death, 1 June 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Heinrich Hoder

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — *Years,* 10 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Gittings Street 41

Cause of Death,
First (Primary), Diphtheritis
Second (Immediate), Weakness

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Aghaven Church Court

Date of Burial, 2 June 1883

Undertaker B. Hoare

Place of Business, 82 West 1st. *Address,* 224 W Fayette Street

A F Reichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

Permit No. 6708

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEPARTM
JUN 2
1883
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CERTIFICATE OF DEATH.

Date of Death, June 1st 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 5 1/2 Davis St

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Gastritis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 2nd 1883

Undertaker, W. J. Gordon

Place of Business, 63 Park Ave

Edw. McCabe *M.D.,*
Medical Attendant.

Address, 51 1/2 Columbia

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this...

9

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1893

CERTIFICATE OF DEATH.

Date of Death, 31st May 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Ferguson

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lady

Birthplace, {State or Country (and how long in United States, if of foreign birth.)} Wilmington Del

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 64 S. Howard St

Cause of Death, {First (Primary)} Consumption

{Second (Immediate,)}

Duration of Last Sickness, abt 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, June 1st

Undertaker, H. M. Doll

Place of Business, 131 Hanover St

C. F. Mueller M.D.
Medical Attendant.

Address, 108 Paca St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6760 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in o last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White.

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death. First (Primary), Pernicious Anaemia

Second (Immediate). asthenic

Duration of Last Sickness, 4 months

All the above info mation should be furnished by the Physician.

Place of Burial, Westlawn Cemetery

Date of Burial, June 3 1883

Undertaker William Cadogan

Place of Business, 220 N Gilday St

Weis M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 67061

Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 2 6 1883 BALTIMORE

Date of Death, June 2 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cleary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 2 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 302 S Bond

Cause of Death. First (Primary).

Second (Immediate). Congenital Debility

Duration of Last Sickness,

Place of Burial, Greenmount

Date of Burial, June 2

Undertaker L Kurtz

Place of Business,

Geo. H. Jenkins M. D.
Medical Attendant.

Address, Cor. of Sharp & Lee sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page [illegible]

Board of Health, City of Baltimore,

Permit No. 6706 2 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minta Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and Number.} 36 Penn St

Cause of Death, First, (Primary.) Disease of the Heart

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co

Date of Burial, June 2

Undertaker, [illegible]

Place of Business,

Geo. W. Brown M. D.,

~~Medical Attendant.~~

Address, Com. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67063 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1953

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If not known not named, give names of parents.} Maud B Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 689 Lexington St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 3 rd 1883

Undertaker, Jos B Cook

Place of Business, 707 W Baltimore

Thomas Opie M. D.
Medical Attendant.

Address, 39 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 67067 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner ... requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Wm E Banks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 3 ... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 168 Forbish

Cause of Death, First (Primary), ...

Second (Immediate). Bron Bath

Duration of Last Sickness, ...

the above information should be furnished by the Physician.

Place of Burial, Green

Date of Burial, June 2

Undertaker Wolcutt

Place of Business, ...

Geo R Dunn M. D
Medical Attendant.

Address Cor of Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 67065 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 2 '83

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M Rappel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} S W Cor Mulberry & Park

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemty

Date of Burial, June 3 1883

Undertaker, C Rosenberger

Place of Business, 90 Mulberry *Address,* 64 N Paca

Wm B Turner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible]

Board of Health, City of Baltimore,

Permit No. 6706 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 3 1893 BALTIMO

CERTIFICATE OF DEATH.

Date of Death, June 1st 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Owens

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 85 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 107 Goodmans al

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross C

Date of Burial, June 3

Undertaker, R. Hirsch

Place of Business, 42 West St

Geo F Burke M. D., Medical Attendant.

Address, 210 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6767 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Elmer Bowman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single ✓

Occupation, Stone Cutter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give street and Number.} No 219 Cleaves St Cor Wolfe St

Cause of Death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, Seven Days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 3/83

{*Undertaker* Frey & Son

Place of Business, 181 N Broadway} Wm H. Carstairs M. D., Medical Attendant.

Address, 110 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 67068 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 3 1883

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Hull's Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, 3rd June

Undertaker, W. W. Maddux

Place of Business, 46 East Lee

Address, 137

[illegible] M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Each of the Questions

Board of Health, City of Baltimore,

Permit No. 6069 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth A. Grimes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, C & C

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Seven Years

Place of Death. {Give street and Number.} 203 Raborg Street

Cause of Death,
First (Primary),
Second (Immediate), Marasmophysa

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 3 1883

Undertaker S W Colpaso

Place of Business, 98 Druid

W. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents, } Charles Arnow

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 mo.

Place of Death, { Give street and number } 161 Orchard St

Cause of Death { First, (Primary,) Pneumonia, Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 mo.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 3rd 1883

Undertaker, W. H. Bishop Jr.

Place of Business, 47 Division.

J. H. Buckhan M. D.
Medical Attendant.

Address, 347 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over

Board of Health, City of Baltimore,

Permit No. 6707 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Keane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 689 Saratoga

Cause of Death, First, (Primary,) Phthysis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cy

Date of Burial, June 4th 1883

Undertaker, [illegible]

Place of Business, 35 Park Ave.

D. P. Hoffman M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1th June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pelagia Kaltyzuk

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germaney

Duration of Residence in the City of Baltimore, Canton av No 158

Place of Death, {Give street and number.} No 158 Canton av

Cause of Death, First (Primary,) Croop.

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Bethlehem Cem.

Date of Burial, June 3d

Undertaker, W. Tippel

Place of Business, W. Baltimore 151

Dr: Charles Koerner M. D.
Medical Attendant.

Address 210 214 S Bond str:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 1 6703 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Jason

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Twenty-Three *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, {Give street and Number.} No. 17 Carter Alley

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Six months

the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 27/83

Undertaker W. H. Hooper

Place of Business,

W. J. Jones M. D.
Medical Attendant.

Address, 136 E. Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67074 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fineman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ... *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Block 600 Gay

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial Forest Cemetery

Date of Burial June 3 1883

Undertaker, Wm. N. Lounge

Place of Business, Hopkins Court shed

L. Steel M. D.,
Medical Attendant.

Address, 1434 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 67075

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JUN 4 5 1893
BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 2d 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Watson

Cause of Death, {First, (Primary.) Meningitis
Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 4th 1893

Undertaker, Cockrum & Evans

Place of Business, 1. McCully Engr

F. G. Morgan *M.D.,*
Medical Attendant.

Address, 15 Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3/83

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monica F. Elvira

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 18 Keyser St

Cause of Death {First, (Primary.) Scarlatina

Second, (Immediate.) Sore throat

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 4th of Jan.

Undertaker, A. Fink

Place of Business, 461 W. Gay St

J. Frank Monteith M.D.
Medical Attendant.

Address, Belair Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6707 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN ... 1885

Date of Death, June 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Schneider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 495 Hollins St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th

Undertaker F. N. Ioell

Place of Business, #131 Hanover St. *Address,* 495 Hollins St

Attended by J. C. Schneider M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 67078 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in [illegible] last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leone Langlais

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, Years, 18 Months, Days.

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 413 E Monument

Cause of Death, {First (Primary). Dysentery

Second (Immediate). Convulsions & Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4

Undertaker C A Corman

Place of Business, 38 Eason St

Leon Lemmon M. D.
Medical Attendant.

Address, 171 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67079 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1893

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and Number. } 57 Eutaw

Cause of Death, { First (Primary), Apoplexy / Second (Immediate), Paralysis

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'd

Date of Burial, June 5

Undertaker S. Hearte

Place of Business, 1111 32

Rodie Lusk M. D.
Medical Attendant.

Address, 426 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

FILM

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6708 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 188?

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Reider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days,* 1

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 72 E. Columbia

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brig Cem

Date of Burial, June 4

Undertaker B. Hunt

Place of Business, 42 West St

(Theodore Porter) M.D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 67081 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Coe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wet Nurse

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 91 Jefferson st

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Malarial Fever

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 4/83

Undertaker, Fry & Son

Place of Business, 410 Broadway

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to [illegible] issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67082 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4 1 1933

CERTIFICATE OF DEATH.

Date of Death, 2nd June 1933

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Falck,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coal dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 84 Hull st

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Abscess of Lung

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bals

Date of Burial, June 5

Undertaker, H Weaner

Place of Business,

H H Hartman M. D.
Medical Attendant.

Address, 5 Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 67083 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hallam

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Locomoke City Md

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} 103 Lee st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Pocomoke City

Date of Burial, June 5

Undertaker, J Davis

Place of Business,

Richard Hall M. D.,
Medical Attendant.

Address, Southern Dispensary
17 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67084 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilmina Gallagan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 1 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 151 N Eutaw St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, June 5th

Undertaker C. F. Rau

Place of Business, 62½ W. Baltimore *Address,* 146 Hanover St

Thomas Cole M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and, condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 67085 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Powell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 661 Eastern Ave

Cause of Death, { First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem

Date of Burial, June 5th 93

Undertaker G. Frank

Place of Business, Jones & Wells *Address,* 211

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No 67086 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Zager

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 37 Essex St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Since Birth

the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Sept 4th 1883

Undertaker H. Sander & Son

Place of Business 252 Canton Ave

Attended from [illegible] to [illegible]

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimore,

Permit No. 6708 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline Elizabeth Mann

~~*Male, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 1 Month.

Place of Death, {Give street and Number.} 8 N 14th St

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon Cemetery

Date of Burial, June 7th

Undertaker Jacob Athens

Place of Business, 31 N Eighth

A. Fitzpatrick M. D.
Medical Attendant.

Address, 11 S 14th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 67088 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 4 1883

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Mahon

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death. {Give street and Number.} 37 Constitution St

Cause of Death. First (Primary), old age

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 4 1883

Undertaker Jas D Byrne

Place of Business, 63 Frankfort Address, 171 N Calvert

Geo B Fenwick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore.

Permit No. 67089 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hardy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 96 *Years,* — *Months,* — *Days*

Color, W

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation —

Birthplace, {State or country; and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 32 Years

Place of Death, {Give street and Number.} 28 President St

Cause of Death, First (Primary), Old Age, Exhaustion

Second (Immediate), Sudden Death

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 4th 1883

Undertaker James D Byrne

Place of Business, No 63 N Front St *Address,* 67 Wall St

Patk Mork M. D.

No 56 ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore.

Permit No. 6798 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michel Dolan

Sex, Male or Female, { Cross out the word not required in this line. } J

Age, *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Nineteen

Place of Death, { Give street and Number. } 113 E. Eager St.

Cause of Death, First (Primary), Teething

Second (Immediate), Paralysis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, June 4th 1883

Undertaker James McGinnis

Place of Business 123 E. Lombard *Address,*

Thos Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

18

Permit No. 6709

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonse Countee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Harmony Lane

Cause of Death, First, (Primary.) Hydrocephaloid

Second, (Immediate.) Convulsion

Duration of Last Sickness, Five or Six days

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, June 4th

Undertaker, Logan & Pye

Place of Business, Mulberry St

W. D. Small M.D.,

Medical Attendant.

Balto. Homeopathic Dispy

Address, 251 Maryland Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6702 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st - 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy H. Lefer.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 4th 1883.

Undertaker, Jas. Carroll.

Place of Business, Division & Fremont

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem ave, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 6709 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs E. B. Searry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 56 *Years,* 4 *Months,* — *Days.*

Color, White

M~~arried, Single, Widowed~~ or Widower, { Cross out the word not required in this line. }

Occupation Lady

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Haynesville

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and Number. } 111 Schroder St. Pct.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 5th 1883

Undertaker L. M. Leonard & son

Place of Business, 782 W. Baltimore *Address,* 18 S. Eutaw St

W. H. Grier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the ~~County~~ City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 67094 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Supposed, May 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Schweitzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 9 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Grocer Restaurant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City "

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} Inmans Cove - Patapsco River

Cause of Death, First (Primary), Supposed to have been Accidentally

Second (Immediate), Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 5th 1883

Undertaker Wm J. Fickner

Place of Business, 65 S. Eutaw

D. A. Bell M. D.

~~Medical Attendant.~~ Coroner 2d Dist

Address, 101 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 6709 *Office of Registrar of Vital Statistics.* Ward 6 W.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Lauer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* 2 6 *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Widow

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 39 Eastern Ave

Cause of Death, First (Primary), Diabetes Brightii

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 Weeks

the above information should be furnished by the Physician.

Place of Burial, Lot Parnell Cem.

Date of Burial, June 5th 1883

Undertaker H. Sander & Son

Place of Business, 252 Eastern Ave

Sh. Gr. Mackall M. D.
Medical Attendant.

Address 128 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 6096 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wenhann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 289 Hostman St

Cause of Death, First (Primary), Cebro Spinal Meningitis

Second (Immediate), 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 5

Undertaker C A Blizzard

Place of Business, 195 Pac Av

Address,

C. F. Bruce M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUL 5 1883 BALTIMORE

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Kirkhow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} S E Cor Mulberry & Green Sts

Cause of Death, {First, (Primary.) Second, (Immediate.)} Scarlet fever

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 25

{Undertaker, C. D. Blizard

{Place of Business, 118 Pratt

Address, 64 N Paca

Medical Attendant, Wm B Thom M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, in the said city, if no Physician attended during his or her last sickness, or any person superintending the burial, a Certificate of death within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate of death, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention o

Permit No. 67

The Physician who
to the Undertaker or o
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Date of Death,

Full Name of D

Sex, Male or F

Age,

Color,

Married, Single,

Occupation

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Date of Burial,

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Extract from Reg

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 6709 *Office of Registrar of Vital Statistics:* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 5 1883

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 16 E. Eutaw

Cause of Death, First (Primary), Cerebro Spinal

Second (Immediate),

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 5th 83

Undertaker G. Frame

Place of Business, Wolfe & Barker *Address,* [illegible]

H. Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 67099. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1893

Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ryan Ella

Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 1422 Eutaw Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 5th 1893

Undertaker G. F. [illegible] *Medical Attendant.*

Place of Business, [illegible] *Address* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

21

Board of Health, City of Baltimore,

Permit No. 67102

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 15 C 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Bennett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ~~8~~ 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, allafe

Place of Death, {Give street and number.} 114 Green st

Cause of Death, First, (Primary.) Organic Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 5-82

Undertaker, Chas T Sonnen

Place of Business, 271 N Eutaw

D. C. Williams M.D.,
Medical Attendant.

Address, 207 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physici

B

Permit No. 6709

The Physician who attended
to the Undertaker or other perso
requested so to do, under penalty
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CER

Date of Death,

Full Name of Deceased

Sex, Male or Female,

Age,

Color,

Married, Single, Widow

Occupation

Birthplace, {State or country a long in the United If of foreign birth.}

Duration of Residence in

Place of Death, {Give street Number.}

Cause of Death, First (Pr

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Duration of Last Sickn

All the above into motion should

Place of Burial, Lo

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Place of Business, 2

Extract from Regulations

SECTION 2. *And be it further*
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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 6774 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zebedee Winkleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Baker Master

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City ✓

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and Number.} 44 S Wanelle Ave

Cause of Death, First (Primary), Cholera Infy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Boulon Park

Date of Burial, June 6th 1883

Undertaker Thos J Scriven

Place of Business, 271 N Eutaw St *Address,* 161 E Pleasant St

Dat, Ave Cl M. D.

Medical Attendant

Cincinnati Ohio

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 5 1903

Date of Death, June 4th 1903

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 7 *Years,* *Months,* ✓ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gardener at present, Waiter last

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 1515 Park Place

Cause of Death, First, (Primary.) Cancer - Medullary sarcoma

Second, (Immediate.) Fourth vertebrae in Muscles of thigh

Duration of Last Sickness, 3-4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 6th June 1903

Undertaker, W. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* 8 S Carrollton Ave

Chas. T. Gorman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No 6713 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Sparkuhl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Box Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 86 Johnson St

Cause of Death, First (Primary), Organic disease of the heart

Second (Immediate), (fatty degeneration)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltic Cemetery

Date of Burial, June 5

Undertaker F. Miller

Place of Business, 86 N. Paca St.

John Thomas M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 67104 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, see fully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Slacum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* 10 D.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State if born in country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 15 Allens alley

Cause of Death, First, (Primary,) Anhemia - Fatal decline

Second, (Immediate,) Ced - possibly suffocation

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 1882

Undertaker, J Locke

Place of Business, #73 Jefferson st. *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 6705 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1885,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eighty three *Years,* — *Months,* — *Days.*

Color, Person

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 1201 E. Baltimore St

Cause of death, First, (Primary,) Intestinal Hemorrhage

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 25th 85

Undertaker, J. J. Lee

Place of Business, 413 Jefferson

Christian Wirth M. D.,
Medical Attendant.

Address, 1126 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6706 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Virginia Harpist

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 100 S Regester St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 6th 1883

Undertaker, John Lahr

Place of Business, 161 Balto *Address,* 19 S Broadway

6 May M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6707

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 9 *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 120 Regester St.

Cause of Death, First, (Primary,) Rubeola

Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, 3 weeks

At the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5th 1883

Undertaker, Samuel Shane

Place of Business, 98 S Broadway

Wm L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6708 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June ~~10th~~ 1883 ~~Emma Spriggs~~

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Spriggs

~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 22. *Years,* 6 *Months.* *Days.*

Color, Colored

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housemaid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, Fifteen Years.

Place of Death, {Give street and Number.} No 406 Lay St

Cause of Death { First (Primary), Pneumonia.
Second (Immediate), Pulmonary Effusion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 6th 1883

Undertaker Samuel H Chase

Place of Business, 95 S Howard St

W H Thos M. D.
Medical Attendant.

Address, No 58 N Libby St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6709 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial will be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Henry Lee Goldfinch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 Years, Months, 1 Day

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 91 Granby St.

Cause of Death,
First (Primary). Cholera Infantum by 4 days
Second (Immediate). against the abdomen & diarrhoea 1 day from eating bleeding

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 6. 83.

Undertaker Ch Rossing

Place of Business, 176 E Baltimore

J Abbott M. D.
Medical Attendant.

Address, 294 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 67110 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 1 *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 353 West Pratt St

Cause of Death, First (Primary), Intemperance & the Consequences

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 6

Undertaker B Hurle

Place of Business, 82 West Pratt

Edward Cronin M. D.
Medical Attendant.

Address, 1416 Division St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 6714 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1863

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Weiland

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 1 *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 5 Clarkson St.

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Welch Cemetery

Date of Burial, June 6

Undertaker B. Hauk

Place of Business, 62 West St

Wm Gemmel M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 6712 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th June 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fridrick Robinson Wilson.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Eight (8) *Days.*

Color, White.

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 173 N Charles St. Baltimore.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 173. N. Charles St. Baltimore.

Cause of Death, First, (Primary,) Premature birth. Six (6) Months and a h...
Second, (Immediate,) Debility.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 5th '83

Undertaker, Thos S. Hogan & Co

Place of Business, 238. Madison av

W C Van Bibber M. D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 6113 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Turner

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 112 Pennsylvania Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Five or Six Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 5th 1883

Undertaker, Stewart & Hoover

Place of Business, 35 Park ave

Jno. H. Hollins M. D.
Medical Attendant.

Address, 71 W Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

Permit No. 67114

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 5 1883

Date of Death, June 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie R McMachen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Pennsylvania Avenue

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Anaemia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 6th 1883

Undertaker, Stewart & Noonen

Place of Business, 35 Park ave

Thomas Biven M.D.,
Medical Attendant.

Address, 68 N Mechanic.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6715 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 5 1883

CERTIFICATE OF DEATH.

Date of Death, June 3/83

Full Name of Deceased, {Write legibly and spell correctly: if an infant not named, give names of parents.} Chas K. Kershaw

Sex. Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Varnisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and Number.} 124 E. Ann St.

Cause of Death, First (Primary). Gastritis

Second (Immediate).

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Md.

Date of Burial, June 5. 1883

Undertaker M. A Dwyer

Place of Business, 94 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 1170 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 67116 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 5 1883

CERTIFICATE OF DEATH.

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lizzie Gorham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 35 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 49 Granby

Cause of Death, First (Primary). Small pox

Second (Immediate). Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Duncan Cemy

Date of Burial, June 5 1883

Undertaker Mc Gowan

Place of Business 43 Pleasant *Address,* .....

Wm R. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 6717 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Wm. Henry,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England,

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give street and Number.} 319 S. Bond St.

Cause of Death, First (Primary), Mortus Brightii

Second (Immediate). Anasarca

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem.

Date of Burial, June 5. 1883

Undertaker H. Sandwson

Place of Business, 252 Eastern Ave. *Address,* Balt. & Bait. Rds

G. Glanville Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 6718

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6718 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Atterberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 470 W. Lombard St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Luth.

Date of Burial, June 5 1883

Theodore Gott M. D.
Medical Attendant.

Undertaker Jno. Saunders & Son

Place of Business 252 Eastern Ave *Address,* 106 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 6719 .. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled~~ to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2. *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His time

Place of Death, {Give street and Number.} Ridgely St. Extended

Cause of Death, First (Primary), Scarlatina Simplex

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, June [redacted]

Undertaker C F Rau

Place of Business, 62½ W Balto St *Address,* 166 Laco

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67122 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 5 1893

Date of Death, June 5th 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Henry Tacho

~~Son~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Co of Howard & Eighteenth Sts

Cause of Death, First (Primary). Enteritis

Second (Immediate). Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, June 7

Undertaker C F Frau

Place of Business, 62 1/2 W Balto *Address,* 248 Park

J Statham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 21 [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This

IV

Board of Health, City of Baltimore,

Permit No. 6721

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 5 1883

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias J. Thomas.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) Tubercular Meningitis —

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 21 days —

All the above information should be furnished by the Physician.

Place of Burial, Lawes Home —

Date of Burial, June 5th 1883

Undertaker, B. Lake

Place of Business, Pitman & Leonard

R. H. Goldsmith, M.D.,
Medical Attendant.

Address, Harlem ave. Calvert st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6122 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 5 '83

Date of Death, June 6th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hawkins

~~*Sex, Male or* Female.~~ {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City Always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death. First (Primary). Paralysis

Second (Immediate). Asthenia

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jun 6 th

Undertaker H. C. Weidefeld

Place of Business, 90 Greenmount Ave

F West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, Md.

Permit No. 67123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1883

Full Name of Deceased, {Write forcibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Armstead

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 71 Perry St.

Cause of Death, First, (Primary.) Bright's Disease of Kidneys

Second, (Immediate,) Exhaustion

Duration of last Sickness, Last sick 4 weeks, but said to have been sick for 2 years

All the above information should be furnished by the Physician.

Place of Burial, Shath's Cemetery

Date of Burial, June 6

W. B. Griffith M. D.
Medical Attendant.

Undertaker, H Ross

Place of Business, Islamitic *Address,* 18 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 67124 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* 19 *Days,*

Color, Col C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 921 E Lombard

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5 1883

Undertaker, Wilmington & Sons

Place of Business, 62 East St

Thos. J. Mullen M. D.,
Medical Attendant.

Address, 1918 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6125 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883. 12.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katrina Müller

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Heart Disease (Mitral).

Second, (Immediate,)

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial,

Date of Burial.

Undertaker,

Place of Business,

Oscar J. Lanahan M. D.,
Medical Attendant.

Address, 184 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67126 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1883 3 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Ringwood

Sex, Male or Female, {Cross out the word not required in this line.} Male -

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Seaman

Birthplace, {State if country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 mos & 3 wks

Place of Death, {Give street and Number.} St Joseph's Hospital

Cause of Death, First, (Primary,) Aneurism of arch of Aorta

Second, (Immediate,)

Duration of Last Sickness, 4 mos & 3 wks

All the above information should be furnished by the Physician.

Place of Burial, E D

Date of Burial, June 5

Undertaker, G Rinehart

Place of Business,

Walter Wyman M. D.
Medical Attendant.

Address, U.S.M.H.S. Service Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 6712 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~64 55~~ *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Supposed Maryland

Duration of Residence in the City of Baltimore, not known

Place of Death, {Give street and Number.} 660 Saratoga st

Cause of Death, First (Primary), Second (Immediate). Apoplexy.

Duration of Last Sickness, not known – found dead in Water Closet

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 6th 83

Undertaker Alex Kennedy

Place of Business, 176 Maryland

Alexander Tinsley M. D.

~~Medical Attendant~~,

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Questions below, and to List of Diseases on Back.

// Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 Minutes A.M. (12h 10m) 5th June, 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Twenty *Years,* Seven *Months,* Nineteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City - Maryland.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 309 W. Biddle St - Baltimore, Maryland

Cause of Death, {First, (Primary.) Consumption.

{Second, (Immediate.)

Duration of last Sickness, about 4 or 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, June 6th 1883

Undertaker, Wm. Weaver

Place of Business, #202 N. Eutaw *Address,* 236 N. Howard St

Wm. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No 67129 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rathenbach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 21 *Years,* 10 *Months,* 28 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 118 Lexington St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 7th 1883

Undertaker C. F. Krause

Place of Business, *Address,* 166 Hanover St

Edward Berry M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 67120 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883.

Full Name of Deceased, {Write legible and spell correctly. If an infant not named, give names of parents.} Arthur C. Trautlinder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 109 Patterson Ave.

Cause of Death, First (Primary),

Second (Immediate). Scarlatina

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 7th 1883

Undertaker John Mackin

Place of Business, 1816 Canton *Address,* 152 Shirley St.

R. J. N. Tate M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6781 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Albert Parsons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D C.

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and Number.} 1041 Jefferson street

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 6/83

Undertaker, Frey & Son

Place of Business, 39 W Baltimore Address, [illegible]

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible]

The Special Attention [illegible]

Permit No. 67[illegible]

The Physician who att[illegible] to the Undertaker or other requested so to do, under p[illegible]

CE[illegible]

Date of Death,

Full Name of Dec[illegible]

Sex, Male or Fem[illegible]

Age,

Color,

Married, Single, W[illegible]

Occupation

Birthplace, {State or co[illegible] long in the [illegible] if of foreign

Duration of Residen[illegible]

Place of Death, {Give[illegible] N[illegible]

Cause of Death, {Fi[illegible] Se[illegible]

Duration of Last S[illegible]

All the above info[illegible]matio[illegible]

Place of Burial, [illegible]

Date of Burial, 2[illegible]

Undertaker 2[illegible]

Place of Business

Extract from Regula[illegible]

Section 2. *And be it f[illegible]* the Physician who attended [illegible] forty-eight hours after the de[illegible] same can be ascertained, the [illegible] date of death, except in case[illegible]

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rausch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth} Germany - 50 years.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and Number.} #16 Second St.

Cause of Death, First, (Primary,) Chronic Inflammation of the Kidneys

Second, (Immediate,) Dropsy

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 6

Undertaker J P Byrnes

Place of Business,

James A Brown M. D.
Medical Attendant.

Address, #37 W. John St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ... No. ...

Board of Health, City of Baltimore,

Permit No. 6133 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Adele Bose

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 6 Wyoming Street

Cause of Death, First (Primary), Chronic Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 months

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 6 1883

Undertaker, William Deegan

Place of Business, No 62 East St

H S Lavis M. D.
Medical Attendant.

Address, No 58 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 67184 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days,

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 167 Raborg St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Street Cemetery

Date of Burial, June 6 1883

Undertaker, Wm J Boyd

Place of Business, No 62 E Pratt St *Address,* 306 W. Hazel St

C. M. Nelp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases on Back

5

Permit No. 67185

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5. 1883 Baltimore City Md

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Seaule Elston

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *~~Days.~~*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cooking

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Norfork Va

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 35. Fairse St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Leonal Cemetery

Date of Burial, June 7 1883

Undertaker, William Deuge

Place of Business, No 62 East St

P Monk M.D.,
Medical Attendant.

Address, No 36 Davis

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back

16

Board of Health, City of Baltimore,

Permit No. 6716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June the 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James William Smothers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 Years, Months, Days.

Color, Colored Sex,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, no particular

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroline co Md

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number.} Dover St 237

Cause of Death, First (Primary,) Catarrh

Second (Immediate,) Chronic Britanitis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial Leonard Cemetery

Date of Burial June 7 1883

Undertaker, Wilbon Murray

Place of Business, No 62 East Street

Liberia Cornish M. D.
Medical Attendant.

Address 237 Dover St

Geo. W. Dennis M.D.
Health Officer.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 6737 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gorb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 0 *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and Number.} No 13 Pine alley

Cause of Death, First (Primary), Unknown

Second (Immediate), 4 days Fever

Duration of Last Sickness, Two weeks

All the above information should be furnished By the Physician.

Place of Burial, Clark's

Date of Burial, June 6th 83

Undertaker S. A. Gaw

Place of Business, 198 Hanover

H. F. Fortier M. D.
Medical Attendant.

Address, Cor Pine and Eutaw sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 6188 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1883

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Heinitz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore C. ✗

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 189 George St. B. C.

Cause of Death, First (Primary). Consumption

Second (Immediate).

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 7th 83

Undertaker Matthew Cadogan

Place of Business, 32 Mulberry *Address,* Arlington Ave Thorndale

James Baeder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6739 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 6 1883

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise C. Airey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 138 (No. 102) Lanvale St

Cause of death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Hypertrophy Tracheatis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, David Hill Church

Date of Burial, June 6

Undertaker, H Rohde

Place of Business, 48 Vena ave

James L. Tull M. D.,
Medical Attendant.

Address, No 134 Carlton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6/140 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schafer

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Sixteen Mos.

Place of Death, {Give street and number.} 207 Corkrie

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 7

Undertaker, E. Friedly

Place of Business, 52 West St

L. Facelli M. D.,
Medical Attendant.

Address, 361 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67444 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 75 Eastern Ave

Cause of Death, First (Primary), Dropsy following an

Second (Immediate), attack Rheumatic condition

Duration of Last Sickness, Forty days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th

Undertaker Wm Frank

Place of Business, 35 Bank St

John H Kellogg M. D
Medical Attendant.

Address, 1483 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 67142 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4 – 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gibson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} #150 Ramsay St —

Cause of Death, First, (Primary,) Pthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 year 3 months —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 6/83

Undertaker, J. W. Cook

Place of Business, 707 W Balto St

J. W. Clark M. D.
Medical Attendant.

Address, Balto Gen Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6 7 1 4 3 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Tuesday June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis M. Nair.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newark New York

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 24 Montrose Pl

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Uremia, Dropsy

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 6th 1883

Undertaker, Jas L Cook

Place of Business, No 707 W Balto Street *Address,* 561 W Fayette St

Edward Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

19

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67144

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant, give name of parents.} Maria Catherine Downe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, [illegible] Years, [illegible] Mon. Months,

Color, White *Sex,* Female ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. Stricker St No. 427

Cause of Death, {First (Primary) Cerebral Meningitis / Second (Immediate,) Asthenia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 7

Undertaker, C. H. Byrnes

Place of Business, 188 Pearl Address N. Stricker St No 427

L. G. Shannon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67145 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 21 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} St. Vincents Infant asylum.

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, June 7/83.

Undertaker, Jos. Cissell

Place of Business, Fisher & Howard

R. H. Goldsmith M. D.
Medical Attendant.

Address, Baltimore Co. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 6946 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Kettle

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 14 *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 19 Rutter St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, six days (Seen this case only 6 hours before death

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Grave yard Philadelphia Rd

Date of Burial, June 6th

Undertaker, Chas T Jensen

Place of Business, 271 N Eutaw St *Address,* 183 Lanvale Ave

Edmund R Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

This Space [illegible] Physician as indicated by the Asterisk below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6747 *Office of Registrar of Vital Statistics.* Ward 12W

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Duffy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} St Vincents Hospital

Cause of Death, First, (Primary.) Cancer of the Stomach

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 7

Undertaker, L. Thomas

Place of Business, 31 N. Eutaw *Address,*

J. K. Butler M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6748 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death 6 June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Klingelberger

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 months *Years,* —— *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, three days

Place of Death, {Give street and Number.} West Fayette str 227

Cause of Death, First (Primary). Dysentery

Second (Immediate). Weakness

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 7 June

Undertaker Walter Immel

Place of Business, 315 W. Pedd[illegible]

Dr. Ferd. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6744 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June the 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Elizabeth Bankert

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 20 Forrest St

Cause of Death { First (Primary), Convulsions and Spasms
Second (Impediate), ...

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June the 7th

Undertaker Mr Longmire

Place of Business, East St

Geo. W. Dixon M. D.
Medical Attendant

Address Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ever

No 9750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6716 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Devine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* - *Months,* - *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} Little Second Street

Cause of Death, First (Primary). Double Pneumonia

Second (Immediate). Asthenia

Duration of Last Sickness, Six Days

the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 7 1883

Undertaker Jas C Byrne

Place of Business, 63 Frunt

Charles M. Morfit M. D.
Medical Attendant.

Address, 67 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67151 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Hayward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 13 N. Howard St.

Cause of Death, First (Primary). Diphtheria

Second (Immediate). Paralysis

Duration of Last Sickness, 7 Weeks

All the above into matters should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 7. 82

Undertaker Anthony J. Denny

Place of Business, No. 263 Light St. *Address,* 146 Hanover St.

Richard Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The specific classification of the disease causing death, when any, will be found in the Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6752 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCollum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 8" 1883

Undertaker Henry Kelly & Son

Place of Business, 530 W Fayette Address, 92 Mulberry St

C. C. Fairett M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] to the Instructions below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Ward 8

Permit No. 6163

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Joseph Purcell.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 Years, —Months, —Days,

Color, White.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give street and Number.} 254 N Charles St.

Cause of Death, First, (Primary,) Dilated & weak Heart.

Second, (Immediate,) Exhaustion from heart.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, June 7th 1883

Undertaker, Haughton Sons

Place of Business, Paul & Sange

Medical Attendant. Hart Smith M. D.

Address, 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the ~~Undertaker~~ or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 Years, 9 Months, 9 Days.

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Bootmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania 60 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2. N. Frenont st

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th 83

Undertaker, F. H. Lake

Place of Business, 166 E Balto St

W. H. Johnson M. D.
Medical Attendant.

Address Cor Eutaw & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67155 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Collison

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and Number.} 17 S. Bond st.

Cause of Death. First (Primary), Dentition

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 8 '83

Undertaker Denny and Mitchell

Place of Business, 1018 Broadway

R. W. Manfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Sheet.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6/156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Lora Koffgok (by 2nd wife)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 y 4 m 8 d Months, ...

Color, K

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer's wife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 34 N Johnson Town

Cause of Death { First, (Primary) Phthisis Pulmonalis
Second, (Immediate) Exhaustion

Duration of last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, June 8th, 83.

{ Undertaker, Wm. H. Hickman
{ Place of Business, 284 E. Gay St.

E. L. Walls, M. D.
Medical Attendant.

Address, 471 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6715 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 2 3 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 70 Hanover alley

Cause of Death, First (Primary), Drowned

Second (Immediate) Cerebral Hemorrhage

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, June 6

Undertaker H Ross

Place of Business 75 Lombard St

Medical Attendant. M. D.

Address, 116 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

No. 906

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6735 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June the 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Meyer

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... 8 *Days*

Color, Black

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 2 Arch st

Cause of Death, First (Primary), ...

Second (Immediate), Colora Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Grave Yard

Date of Burial, June the 7th

Undertaker Wm Grace

Place of Business, 16 Eutaw st

Geo. W. Bemis M. D.
Medical Attendant

Address, Bon. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6755 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1893

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Powell

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow~~ *Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and Number. } N. 99 4. High St

Cause of Death, { First, (Primary,) Old age / Second, (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Friends Burying Ground Hartford Road

Date of Burial June 9th

Undertaker, Thos S. Hughes

Place of Business, 60 E. Balto St

Thomas Gregg M. D. Medical Attendant.

Address, N. 99 4. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67160 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Craz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 414 Wyoming ave

Cause of Death, First (Primary)

Second (Immediate) Heart Disease

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Friends. A Road

Date of Burial, June 8

Undertaker C J Sennett

Place of Business,

W R Monroe M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 6766 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Forkash

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 23 Draper St.

Cause of Death, First (Primary),

Second (Immediate). Cholera

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, June 7th 83

Undertaker G. Hoare

Place of Business, Davis & Wolfe *Address,* 32 Eutaw-St

E. Duvall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

Permit No. 67162

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7/83

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanchard Sophie

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, ~~——~~ *Years,* ~~——~~ *Months,* ~~——~~ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Bros

Date of Burial, June 7

Undertaker, Rinehart

Place of Business,

J. J. Ward M.D.,
Medical Attendant.

Address, 129 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6763 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Portig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number} 1021 Madison St

Cause of Death, First (Primary) Syphilis

Second (Immediate) Prostration

Duration of Last Sickness, 6 hrs

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8th

Undertaker George Goldsborough

Place of Business, Oakland Square

Otto Koch M. D.
Medical Attendant.

Address 1013 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67764 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Dattenreid

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two Years, four Months, twenty Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Columbus Ohio

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Columbus Ave

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, June 8th

Undertaker, W. Fuhs

Place of Business, 35 Bank St.

H. L. Warren M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6765 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Nader

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cly

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 41 Eutaw

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Stalyfours

Date of Burial, June 8

Undertaker, B Hanke

Place of Business, West St 42

S L Mesick M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1883 Lightning

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Lizzy~~ Fleck

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 12 *Days*

Color, white *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ~~none~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all live

Place of Death, {Give street and number.} N° 15 N Central Avenue

Cause of Death, {First (Primary,) Heart disease

{Second (Immediate,) Hydrops

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 8/83

{*Undertaker,* B Noble

{*Place of Business,* West St. *Address*

J. A. Boehm, M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67167 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Neikolb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, — Life

Place of Death, {Give street and Number.} 92 N. Green St

Cause of Death, First, (Primary,) Concussion of Brain from

Second, (Immediate,) a fall, —

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 9th 1883

Undertaker, Clifton Undertaking Co

Place of Business, Park Ave

I. H. Buler, M. D.,

Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Blanks Below, and to Rule [illegible] on the back of this Certificate

Board of Health, City of Baltimore.

Permit No. 6716 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Carroll Fulton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Proprietor of American Newspaper & Editor

Birthplace, {State or country, and how long in the United States, if of foreign birth} Philadelphia

Duration of Residence in the City of Baltimore, 46

Place of Death, {Give street and Number.} 498 Eutaw Place

Cause of Death. First (Primary), Hematemesis

Second (Immediate), Exhaustion

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 10th 1883

Undertaker McGrath & Sons

Place of Business, Pall Mall Saratoga

F. J. Miles M. D.
Medical Attendant.

Address, 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, [illegible] condition, whether married or single, of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Certificate of Death

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Emma Shilton June 7 - 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Shilton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* 8 *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 104 Ridgely St.

Cause of Death { First, (Primary.) / Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, about 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 10th 1883

Undertaker, J. Loritz

Place of Business, # 156 N. Madison St

I. Chew Worthington M. D.
Medical Attendant

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 67170 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry McCurdy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 360 Wilson St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,)

Duration of Last Sickness, 6 days

As the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 8 1883

Undertaker, John Warren

Place of Business, 382 Orleans St

J H Collins M. D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6711 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Wampach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 299 Franklin St

Cause of Death, First (Primary),

Second (Immediate): Valvular disease of the heart, with softening of the brain.

Duration of Last Sickness, 3 months.

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 8th

Louis W. Knight M. D.
Medical Attendant.

Undertaker F. N. Troll

Place of Business, 131 Hanover Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

Permit No. 6772 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fitzsimmons

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 20 Years

Place of Death, {Give street and number.} 110 S. Howard

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, About One Year.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, June 8/83

Undertaker, C. F. Krauss

Place of Business, Address, Southern Depot

J. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 6713 — Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isadore Louis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and Number.} " Hadaton " N. Howard St

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 8

Undertaker Wm Eckhardt

Place of Business, 101 Bond St *Address,* Corner

Alexander Tinsley M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6774 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leonora L. Wroten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East End

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and Number.} 424 Lee Place

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 10th

Undertaker Wm. J. Fickener

Place of Business, 65 S. Eutaw

Medical Attendant. Clarence Turner M. D.

Address, 461 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6796 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 6.7.83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gertrude Allen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 20 Mos

Place of Death, {Give street and Number.} 142½ Pierce

Cause of Death, First, (Primary) Consumption

Second, (Immediate,) 2d Mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 - 1883

Undertaker, Wm. M. Madden

Place of Business, 7th cor Pa Ave

Wm Edmund M. D.
Medical Attendant.

Address, 849 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6176 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Myer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, Blk

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 4 Rope Walk al

Cause of Death, First (Primary), Fractu

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 8

Undertaker Hercules Ross

Place of Business, 95 Conway St *Address,* 315 Light St

Chas. Edw. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67177 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Madden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and Number.} 160 N. Hyth

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, June 9 1883

Undertaker, James P Byrne

Place of Business, No 63 N Eutaw St

A. O. Sheell M. D.,
Medical Attendant.

Address, 143 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6776 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Fohl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 115 Conway st

Cause of Death, First (Primary). Typhoid Pneumonia

Second (Immediate).

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 9th

Undertaker E. H. Trail

Place of Business,

D. L. Bodenhorn M.D.

Medical Attendant.

Address, 766 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over]

Board of Health, City of Baltimore,

Permit No. 6779 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 8 1883

CERTIFICATE OF DEATH.

Date of Death, June 6, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State on country, and now long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and Number.} 1225 Forest St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

☞ All the above information should be furnished by the Physician.

Place of Burial Hamden Board & md

Date of Burial, June 8th

Undertaker, D. M. Farrell

Place of Business, 131 Hanover

S. E. Wiley M. D., Medical Attendant.

Address, 182 Hamden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 6780 / *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *promptly filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 9 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jelings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore, Lifetime, nearly

Place of Death, {Give street and Number.} 758 Chew St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, About 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th 1883

Undertaker, Henry K. Mears

Place of Business, 45 N. Gay St. *Address,* 757 Greenmount Ave

J. H. Robinson M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6181 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Lottie Shepard (Infants)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 962 Lee St

Cause of Death, First (Primary), Feebleness

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, June 8

Undertaker J Inglis

Place of Business,

Wm Gouled M. D

Medical Attendant.

Address, 170 N Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 6762 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Henry Green

Sex, Male or Female, {Cross out the word not requried in this line.} Male

Age, 5 weeks *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Elbow Lane No 3

Cause of Death, First (Primary), Congenital Debility

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, June 8th 1883

Undertaker J. Davis

Place of Business, 103 Lee Street *Address,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 6718 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, to be delivered to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or he may be requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Home keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, {Give street and Number.} 340 Kilmain St

Cause of Death, First (Primary),

Second (Immediate) Phthisis Pulmonalis

Duration of Last Sickness, Nearly two years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, June 9th 1883

Undertaker C H Blizzard

Place of Business, [illegible]

W. Winslow Sherwood M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 67184 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, before delivery to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CITY REGISTRY
JUN 8 3
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Spellenden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 74 Hanford ave

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, June 8

Undertaker, Wm Wedefield

Place of Business,

Wm R. Jones M. D.
Attending Physician.

Address, Bd of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Informant is respectfully invited to the Questions below, and to List of Diseases on back of this Certificate.

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1883. June 6th 6 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Kiedinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* 8 months *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cabinet Maker & Undertaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Rastatt Hessen Kurhessen

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number.} 518 N. West Balto St. Walter

Cause of Death, First (Primary,) Laryngo-Stenosis.

Second (Immediate.) Phthisis.

Duration of Last Sickness, 6 months.

All the above Information should be furnished by the Physician.

Place of Burial, Saint Paul Cemetery

Date of Burial, June 8th

Undertaker, C. Rohde

Place of Business, 48 Penna ave

J. M. Carter M. D.
Medical Attendant.

Address 385 W. Fayette St
Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 7186 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate (*as required by law*) to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oftener if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

June 6 1883

CERTIFICATE OF DEATH.

Date of Death, June 4 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Lyon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, { Give street and Number. } 16 E. Eutaw

Cause of Death, { First (Primary), Apoplexy

Second (Immediate), }

Duration of Last Sickness, 1 Day

the above info mation should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 7th 83

Undertaker G. Prince

Place of Business, Paca & Mulberry *Address* 31 E. Baltimore St

P. McCAFFREY M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6787 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, as required so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant no name, give names of parents.} Richard King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life years

Place of Death, {Give street and Number.} 74 E. Central ave

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eldridge Landing

Date of Burial, June 9th 1883

Undertaker, Henry Norman

Place of Business, Eutaw st

Medical Attendant.

Address, 203 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of [illegible] to the Sanitary Laws, and a List of Physicians [illegible] of this City

Board of Health, City of Baltimore.

Permit No. 6717 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gotwald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and Number.} 260 Druid Hill Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One Month

the above information should be furnished by the Physician.

Place of Burial, E P C

Date of Burial, 30 May

Undertaker J. Reinhart

Place of Business, 23 Fair Place

E J Wilson M.D

Medical Attendant

Address, 33 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6788 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon as requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. 1883

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hilliard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 1½ *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 80 N. Amer

Cause of Death, { First, (Primary,) Convulsions / Second, (Immediate,) Measles

Duration of Last Sickness, 3 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 8th

Undertaker, J. J. Lecky

Place of Business, 423 Fallsway

J. J. Lecky M. D.

Medical Attendant.

Address, 137 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 67190 *Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness is responsible for the prompt filing of Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1883

CERTIFICATE OF DEATH

Date of Death, June 7th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonhard F. Baumann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,*

Color,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number} No. 60 Low Jefferson between Wolfe & Broadway

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 9th 1883

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave *Address,* 238 N. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case shall come under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widowed) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

remarks below, and to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1883

CERTIFICATE OF DEATH.

Date of Death, June 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give name of parents.} Mamie Hickey

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 6 Years, Months, Days.

Color, White

Sex,

Married, Single, Widowed, Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and town) born in the United States, or foreign birth.} United States Baltimore

Residence, City of Baltimore

Place of Death, {Give street and number.} 60

Cause of Death, {First (primary),} Consumption

{Second (immediate),}

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem.

Date of Burial, June 2nd 1883

{Undertaker, Geo. W. Cull

{Place of Business, 45 Aisquith St. Address 45 N. Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to leave within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 67192

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in last illness is requested to fill out this Certificate accurately, and forward it, or cause it to be forwarded, to the Undertaker or other person attending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7 1883

Full Name of Deceased, { Write legibly and correctly. Do not spell surname when not named. Give names of parents. } Edward Gray

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, Months, Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. } Single

Occupation, Child

Birthplace, { State or County and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 47 Eutaw St.

Cause of Death, { First, (Principal) Tuberculosis / Second, (Immediate) }

Duration of Last Sickness, 3 Months & 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 8th 1883

Undertaker, Wm. J. Gray

Place of Business, 68 Mulberry St.

M. D. Stuart M.D.
Medical Attendant.

Address, 47 St. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 9.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

...to Special Attention of Physicians is Requested...

Board of Health, City of Baltimore.

Permit No. 67193 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in ... responsible for the presentation of this Certificate, ... to the Undertaker or other person superintending ... within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of ...

No Permit for Burial ... Obtained without a Proper Certificate.

JUL 8 '93

CERTIFICATE OF DEATH.

Date of Death, ... 1893.

Full Name of Deceased, {Write legibly and distinctly; if not named, state fact. Give name of parents.} ...

Sex, Male or ~~Female~~, {Cross out the word not required by this.} ...

Age, 60 *Years,* ... *Months,* ... *Days.*

Color, ...

Married, Single, ~~Widow or Widower~~, {Cross out the word not required by this.} ...

Occupation ...

Birthplace, {State or country, and if long in the United States, if of foreign birth} ...

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} ...

Cause of Death ... (Primary)

... (Secondary) ... (Immediate)

Duration of Last Sickness, ...

All the above information should be furnished by the ...

Place of Burial, ...

Date of Burial, ...

Undertaker ...

Place of Business, ...

... M. D.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, that it shall be the duty of the Physician who attended during his or her last sickness any person who shall die in the said city, to report to the Undertaker, within forty-eight hours after the death, so far as the same can be ascertained, the full name, sex, age and color, the place of birth, whether married or single, the date of death, except in cases of births and deaths ... whenever any person shall die in the said city, it shall be the duty of the Coroner, upon the case coming under his notice, to furnish ... person superintending the Burial, a certificate setting forth as far as the ... (whether married or single) of the person deceased, and the cause and ... of children.

[OVER.]

No. 6712

The Special Attention of Physicians is Especially Invited to the Remarks Below, and to the List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 6712 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in h... last illness is responsible for the ... of this Certificate, to ... to the Undertaker or other person superintending the burial, within *twenty-four* ... the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without ... Certificate

CERTIFICATE OF DEATH.

Date of Death, June 3

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John ... Lucy Duff

Sex, Male or Female, { Cross out the word not required in this line. } ...

Age, 63 *Years,* ... *Months* ... *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ...

Occupation Milk Dealer

Birthplace, { State or country, and if born in the United States, the State or Territory. } Baltimore

Duration of Residence in the City of Baltimore, 70 ...

Place of Death, { Give street and number. } Corner Belvedere & S. Potpsco ...

Cause of Death. { First (Primary), Cerebral Hemorrhage of Right ... Second (Immediate), ...

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 8

Undertaker J. B. Lord

Place of Business 70 ... Ave

Chas. E. Buchan M. D.
Medical Attendant.

Address 1812 W. Lexington ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to that of Section 40 of Article 4 of the Code of Public Local Laws of Baltimore City.

Board of Health, City of Baltimore.

Permit No. 5795 — *Office of Registrar of Vital Statistics* — Form 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after death, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, June 8/92 23

Full Name of Deceased, { First, Middle and Last } E. J. Dawson Hall

Sex, Male or Female, { Cross out the word not required to this line }

Age, 19 *Years,* — *Months* —

Color, White

Married, Single, Widow or Widower, { Cross out the words not required to this line } Married

Occupation, Cashier, Bank

Birthplace, { State or country, and town in the United States or foreign birth } Norfolk Va

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 101 Monument St

Cause of Death, { First, (Primary,) Pneumonia / Second, (Secondary,) Hemorrhage.

Duration of Last Sickness, 2 months

All the above information to be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 9th 1892

Undertaker, Kelly & Adams

Place of Business, 1 West Saratoga Address, 1 West Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 40. And be it further enacted and ordained, That whenever any person shall die in this City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case has come under his notice, to forthwith, or within forty-eight hours after the death, to the Undertaker or other person superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of twins and triplets or illegitimate children.

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics

CERTIFICATE OF DEATH

Date of Death .....

Full Name of Deceased. { When known by any other name, give it also. Write plainly and spell correctly. }

Sex, White or Female. { Write out the word and capitalize it. }

Age ..... Years.

Color .....

Married, Single, Widow or Widower. { Write out the word. }

Occupation .....

Birthplace { State or country, and how long in the United States if of foreign birth }

Usual Place of Residence in the City of Baltimore .....

Place of Death { Give street and Number. / First (Primary) / Second (Secondary) }

Cause of Death .....

Duration of Last Sickness.

Time at which notice of death was received by the Registrar.

Date of Burial, June 9th 1911

Name of Cemetery, Laurel Cemetery

Undertaker ..... Undertaker

Place of Business of Undertaker .....

Extract from Regulations of the Board of Health, Section 4, and shall further record and preserve the name of the Physician who attended during his or her last illness the deceased, and shall report the same to the Registrar within forty-eight hours after the death, to the Undertaker [illegible] and

Board of Health, City of Baltimore.

Permit No. 6 1 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician in attendance during last illness, or the Undertaker employed for the preparation of this Certificate, is required to report to the Registrar of Vital Statistics, at the Office, No. 211 East Lombard Street, the death of each person for whose burial he may be employed, within twenty-four hours after the death of such person, if occurring in the City of Baltimore, and before interment, if occurring elsewhere, under penalty of Fifty Dollars for each neglect.

No Permit will be issued for Burial without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, { [illegible] } Helen R. Hall

Sex, Male or Female, { [illegible] } [illegible]

Age, [illegible]

Color, [illegible]

If married, Widow or Widower, [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and also if born in the United States, if of foreign birth, } [illegible]

Duration of Residence in the City of [illegible]

Place of Death, { Street and Number } [illegible]

Cause of Death, { Disease, (Primary) } [illegible]
{ Accident, (Secondary) }

Duration of last Sickness, [illegible]

All the above information should be furnished [illegible]

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible] Address, [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct report of Deaths in the City of Baltimore

Section 8. And be it further ordained, That in all cases where any person shall die in the said city, it shall be the duty of the Physician who attended the deceased during his last illness, or the Coroner, when the case comes under his cognizance, to furnish within thirty-eight hours after the death of such person, to the Undertaker employed for the burial, or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and circumstances of his or her death, and the births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 6496 *Office of Registrar of Vital Statistics, ...*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ... and, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ... *September*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ... *Lucrecia*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } ...

Age, ... *Eight* ... *Years* ... *Months* ...

Color, ... *Black*

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ...

Occupation, ...

Birthplace, { State in country, and now long in the United States, if of foreign birth. } ... *Baltimore*

Duration of Residence in the City of Baltimore, ... *Eight years*

Place of Death, { Give No. and Street. } ... *Baltimore*

Cause of Death, { First, (Primary,) ... *Want of proper nourishment* / Second, (Immediate,) ... *Inanition* }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... *Greenmount*

Date of Burial, ... *June 8*

Undertaker, ... *Rinehart* ... *Medical Attendant,* ...

Place of Business, ... *Address,* ... *Corner*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it ordained, And be it further enacted and ordained, That it shall be the duty of every Physician who attended during the last sickness, or was called in to visit any person who died within the City of Baltimore, within twenty-four hours after the death, to the Undertaker or other person ... the burial of such deceased person, ... the name can be ascertained, ... and condition ... and the exact time and place of death, ... and depths of ... such disease ...